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ABSTRACT

This guide to mainstreaming emotionally disturbed preschoolers is one of a series of eight manuals on mainstreaming preschoolers developed by Project Head Start. The guide is addressed to parents, teachers, and other professionals and paraprofessionals. Chapter I presents information on the meaning, benefits and implementation of mainstreaming and discusses the role of the teacher in mainstreaming. Chapter II discusses local and regional resources and provides information on specialists (psychologists, pediatricians, etc.) who work with emotionally disturbed children. Chapter III focuses on parent teacher cooperation in developing a program for the handicapped child. Chapter IV discusses the definition of emotional disturbance as well as problems related to the diagnosis and referral of emotionally disturbed children. Chapter V describes the effects of five common categories of emotional disturbance on the preschooler's functioning in the areas of self-concept, social, speech and language, motor, and cognitive development. Chapter VI focuses on planning, arranging classrooms and teaching mainstreamed emotionally disturbed children. Chapter VII presents information on professional sources of help. Notes on screening and diagnosis are appended. (CM)

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Children with Emotional Disturbance

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Special Message to Parents

This book is meant to help parents as well as teachers understand mainstreaming and emotional disturbance. Chapter 3 describes specific ways in which parents can help their emotionally disturbed child. But parents will find the other chapters useful in learning more about development in emotionally disturbed youngsters, techniques and activities to promote learning, how Head Start functions in serving handicapped children, and what resources outside of Head Start are available to help fill their child's special needs.

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Mainstreaming Preschoolers:

Children with Emotional Disturbance

A Guide for Teachers, Parents, and Others Who Work with Emotionally Disturbed Preschoolers

by

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The authors were fortunate in being able to draw on the advice and contributions of many knowledgeable and talented people during the preparation of this book. Chief among them were the following experts on emotional disturbance and early childhood education, who reviewed the text in its successive versions and gave us many excellent suggestions for improving it:

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Preface

Project Head Start was initially conceived and launched as a national program of comprehensive developmental services for preschool children from low-income families. The early design also indicated that the comprehensive program should be tailored to the needs of the individual community and of the individual child.

The Head Start Program Performance Standards require local programs to develop an educational plan that provides procedures for ongoing observation, recording, and evaluation of each child's growth and development for the purpose of planning activities to suit individual needs. The Performance Standards also require that classroom materials and activities reflect the cultural background of the children. Thus, individualization has always been a major thrust of the Head Start program.

The Congressional mandate to assure that not less than 10 percent of enrollment opportunities in Head Start be available for handicapped children presented special opportunities and challenges to Head Start programs to further their efforts in the individualization of services. Head Start classes are small, making it possible for teachers, working with a professional diagnostic team, to design a program to meet the special needs and capabilities of each child.

Mainstreaming handicapped children into classrooms with non-handicapped children has become a major activity for Head Start. However, teachers and other staff are continually asking for assistance in mainstreaming a child with a specific handicapping condition. This series of eight manuals, **Mainstreaming Preschoolers**, was prepared by ACYF to help meet this need.

The series was developed through extensive collaboration with many persons and organizations. Under contract with Contract Research Corporation, teams of national experts and Head Start teachers came together to develop each of the manuals. At the same time, the major national professional and voluntary associations concerned with handicapped children were asked to critique the materials during their various stages of development. Their response was enthusiastic. Various federal agencies concerned with handicapped persons — the Bureau of Education for the Handicapped, the President's Committee on Mental Retardation, the Office of Developmental Disabilities, the National Institute of Mental Health, the Office of Handicapped Individuals, National Institute of Child Health and Human Development/National Institute of Health, and Medicaid/Early and Periodic Screening, Diagnosis, and Treatment — also enthusiastically reviewed the materials as they were being developed. Finally, drafts of each of the manuals were reviewed by teachers, paraprofessionals, parents, social service and health personnel, and various other specialists in Head Start programs across the country.

It is hoped that this series will be helpful to the variety of people beyond the Head Start community — in public schools, day care centers, nursery schools, and other child care programs — who are involved in providing educational opportunities and learning experiences to handicapped children during the preschool years.

Blandina Cardenas, Ed.D.
Commissioner
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2 Introduction

The Purpose of This Book

This book was written for teachers, parents, and others who live with or work directly with emotionally disturbed preschoolers. It provides useful ideas for helping emotionally disturbed children learn and feel good about themselves, and answers many questions, including:

What is mainstreaming?

What is emotional disturbance?

How does emotional disturbance affect learning in three- to five-year-olds?

How can you design an individualized program for a disturbed child?

What activities are especially useful for disturbed children?

How can parents help their disturbed child?

Where can you go to seek help — people, places, and information?

The Organization of This Book

This is one of a series of eight books on children with handicaps, written for Head Start, day care, nursery school and other preschool staff, and parents of children with special needs. Each book is concerned with one handicapping condition. The other seven books address:

- **health impairments**
- **hearing impairment**
- **learning disabilities**
- **mental retardation**
- **orthopedic (physical) handicaps**
- **speech and language impairments (communication disorders)**
- **visual handicaps.**

There are certain guidelines that are similar in working with all handicapped preschoolers. These guidelines should be useful to teachers and parents who are directly involved with children with special needs. They are described in the chapters "What Is Mainstreaming?" "Parents and Teachers as Partners," "Where to Find Help in Your Area," and the sections on planning, the physical setting, and general teaching guidelines in the chapter "Mainstreaming Children with Emotional Disturbance." While these chapters (or sections of chapters) are largely the same in most of the books in this series, the examples and suggestions provided in each book are specific, and will help you apply the general information to a child with a particular handicap.

A Word on Words

In this book the terms **handicapped children** and **children with special needs** mean the same thing.

Chapter 1:

What Is Mainstreaming?

1

Definite steps must be taken to ensure that handicapped children participate actively and fully in classroom activities.

4 What Does Mainstreaming Mean?

"Mainstreaming" means helping people with handicaps live, learn, and work in typical settings where they will have the greatest opportunity to become as independent as possible. In Head Start programs, mainstreaming is defined as the integration of handicapped children and non-handicapped children in the same classroom. It gives handicapped children the chance to join in the "mainstream of life" by including them in a regular preschool experience, and gives non-handicapped children the opportunity to learn and grow by experiencing the strengths and weaknesses of their handicapped friends.

However, mainstreaming does not simply involve enrolling handicapped children in a program with non-handicapped children. Definite steps must be taken to ensure that handicapped children participate actively and fully in classroom activities. As a Head Start teacher, it is your role to take these steps.

Mainstreaming is not new to Head Start. Since its beginning, Head Start programs have included handicapped children in classrooms with non-handicapped children. The Economic Opportunity Amendments of 1972 (Public Law 92-424) required that ten percent of the Head Start enrollment in the nation be handicapped children. Two years later, the Headstart, Economic Opportunity, and Community Partnership Act of 1974 required that, by fiscal year 1976, not less than ten percent of the total number of enrollment opportunities in Head Start programs in each state be available to handicapped children. And most recently, Public Law 94-142, the Education for All Handicapped Children Act, has mandated that the public schools provide "free, appropriate education" in the "least restrictive setting" for handicapped children from 3 to 21 years of age. Thus, mainstreaming has become an important and well-accepted approach in the education of young handicapped children.

It is the function of Head Start programs to:

> **serve handicapped children in an integrated setting or mainstream environment with other children; provide for the special needs of the handicapped child; and work closely with other agencies and organizations serving handicapped children in order to identify handicapped children, and provide the full range of services necessary to meet the child's developmental needs.**
>
> (Head Start Transmittal Notice 75.11 — 9/11/75.)

Research has shown over and over that the early years of life are critical for learning and growth. It is during this time that children's cognitive, communicative, social, and emotional development can be most influenced. If special needs are recognized and met during these years, handicapped children will have a much better chance of becoming competent and independent adults. Handicapped youngsters who are given the opportunity to play with other children in the Head Start classroom learn more about themselves and about how to cope with the give-and-take of everyday life. This is one of the first steps toward developing independence. By participating in regular preschool settings that are able to provide for special needs, with teachers who know how to adapt teaching techniques and activities, children with special needs will truly have a "head start" in achieving their fullest potential.

Benefits of Mainstreaming

There are many benefits to mainstreaming — benefits that affect both handicapped and non-handicapped children, as well as their parents and teachers.

Mainstreaming Helps Handicapped Children

Participating in a mainstream classroom as a welcome member of the class teaches children with special needs self-reliance and helps them master new skills. For some, it may be the first time in their lives that they are expected to do for themselves the things they are capable of doing. Working and playing with other children encourages handicapped children to strive for greater achievements. Working toward greater achievements helps them develop a healthy and positive self-concept.

Attendance in a preschool program provides a way for discovering undiagnosed handicaps. Some handicaps don't become evident until after a child enters elementary school, and by then much important learning time has been lost. A preschool teacher is able to observe and compare many children of the same age, which makes it easier to spot problems that may signal a handicap. Preschool may therefore be the first chance some children get to receive the services they need.

Mainstreaming Helps Non-Handicapped Children

Mainstreaming can help non-handicapped children, too. They learn to accept and be comfortable with individual differences among people. Studies have shown that children's attitudes toward handicapped children can become more positive when they have the opportunity to play together regularly. They learn that handicapped children, just like themselves, can do some things better than others. In a mainstream classroom, they have the opportunity to make friends with many different individuals.

6 How Is Mainstreaming Carried Out?

Mainstreaming can be carried out in a variety of ways. How you decide to mainstream a particular handicapped child will depend upon the child's strengths, weaknesses, and needs, and will also depend upon the parents, the staff and resources within your program, and the resources within your community. As you know, every child is an individual with different needs and abilities. This is just as true for handicapped children: they display a broad range of behavior and abilities.

Some handicapped children may thrive in a full-day program with non-handicapped children. Others will do best in a mainstream environment for only part of the time, attending special classes or staying at home for the rest of the day. For still others, mainstreaming may not be the most helpful approach. The principle to follow is that handicapped children should be placed in the least restrictive environment. This means that the preschool experiences of handicapped children should be as close as possible to those of non-handicapped children, while still meeting the special needs created by their handicaps.

As you and your program staff get to know each child, and as you work with the child's parents and specialists in your community's agencies and public schools, you will be able to decide what is best for each child. This book describes *how* mainstreaming can be carried out by the parent/Head Start/specialist team in order to provide the best program for both handicapped and non-handicapped children.

This book also discusses different kinds of handicapping conditions broadly known as emotional disturbance, and describes the functioning of emotionally disturbed children in the major skill areas.

Finally, the book describes how you can provide mainstreaming experiences for emotionally disturbed children. Mainstreaming children who are disturbed can be a challenging yet rewarding experience for you, and extremely beneficial to the disturbed children. Even children with severe emotional problems can profit from:

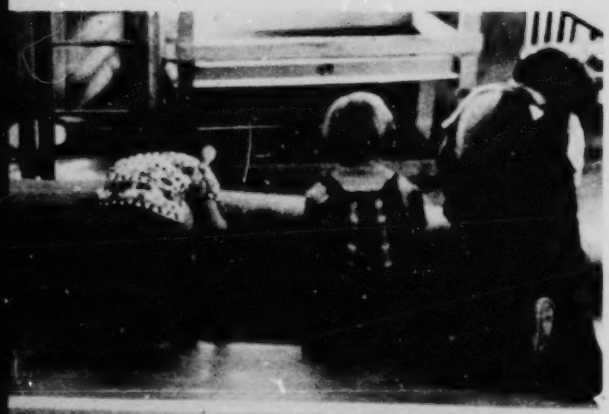
- the warm and caring atmosphere of your classroom
- the structure of a routine supervised by concerned adults
- the interaction with non-handicapped children of the same age.

Mainstream experiences can help disturbed children to learn about and better understand themselves and the world around them.

1

What Is Your Role in Mainstreaming?

This book approaches mainstreaming from the standpoint of child development. It emphasizes the importance of seeing handicapped children first and foremost as children, with the same needs all children have for love, acceptance, exploration, and a sense of competence. By understanding how all children develop and learn you can better understand the effects of a particular handicapping condition. For example, knowing the importance of feeling trust and self-confidence will help you understand the effects of emotional disturbance on a child's development. You can then use this knowledge to plan appropriate activities for building on the child's strengths and working on his or her weaknesses.



The teaching techniques and activities provided in this book are designed to help develop skills in particular areas of development — motor, social, cognitive, language and speech, and self-help — and can be used with any child or group of children in your classroom, whether they are handicapped or non-handicapped.

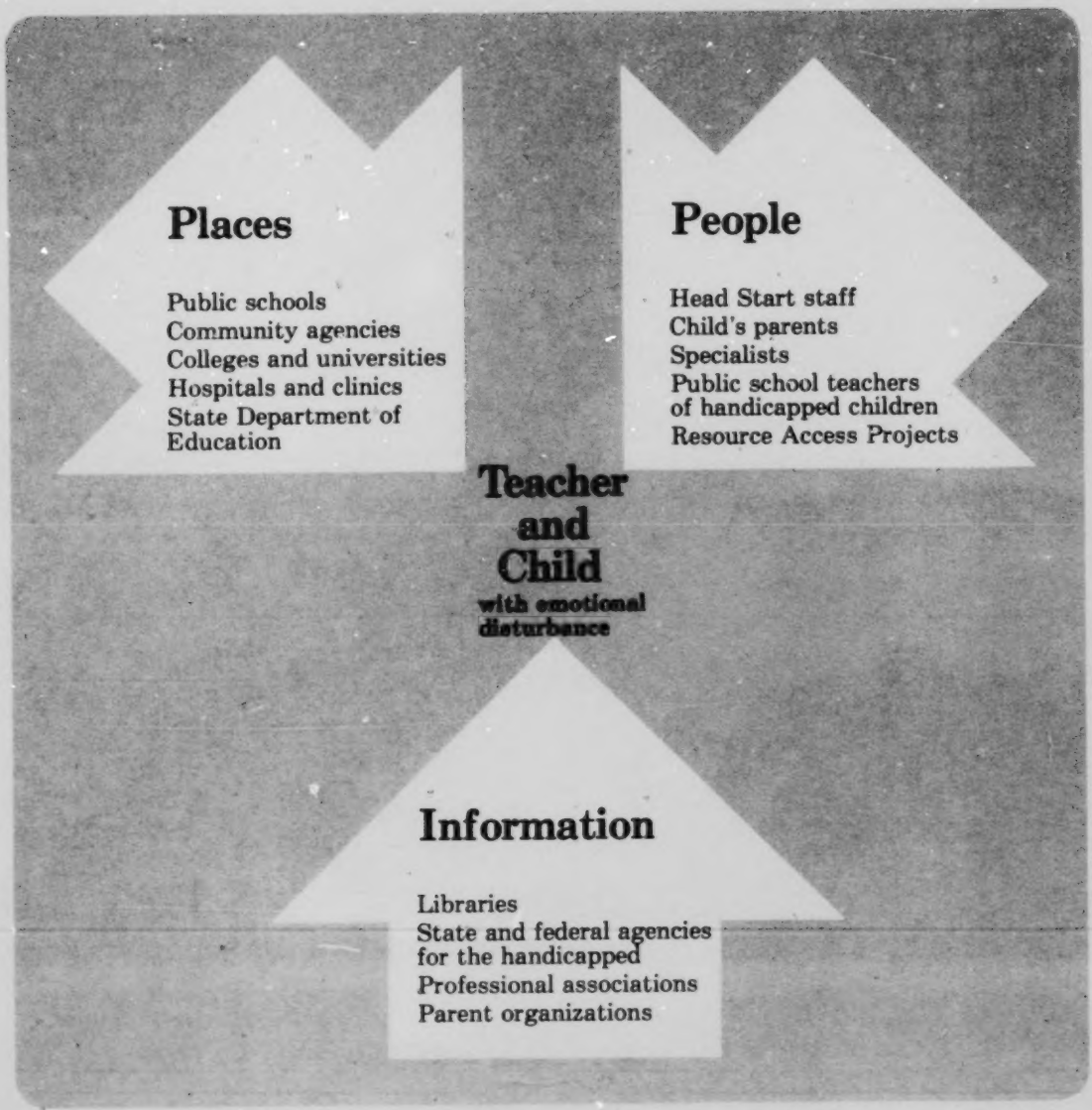
As a teacher, your role in mainstreaming includes:

- **developing and putting into effect an individualized program that meets the needs of each child in the classroom, including the special needs of a child with a handicapping condition**
- **working together with the parents of a handicapped child so that learning situations that occur in your classroom are reinforced by the parents at home**
- **finding out, through your handicap coordinator or social services coordinator, what special services a handicapped child is receiving and how you can get a specialist to provide information that can enhance your classroom teaching**
- **arranging referrals through your handicap coordinator or social services coordinator for diagnostic evaluation, if you feel a child has a problem that has not been clearly identified.**

In carrying out this role, there are many resources that can be tapped to assist you. Later in the book they will be described in more detail, but they are summarized on the following chart.

8 Where to Go for Help

There are many resources you can tap for help with a handicapped child. Take advantage of these resources by actively seeking them out. For detailed information on Head Start and other resources in your area, see Chapter 2. For detailed information on national professional and parent associations and other organizations, and a list of helpful materials, see Chapter 7.



Chapter 2:

Where to Find Help in Your Area

2

Provision of services to handicapped children is not a solo effort.

10 ***Head Start is a comprehensive child development program for all eligible children — handicapped and non-handicapped. It includes mainstreaming experiences in the classroom; medical, dental, mental health, and nutrition services; parent involvement; and social services. To strengthen services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies that serve these children. This cooperation is essential.***

Provision of services to handicapped children is not a solo effort. As you have already found out (or soon will), it requires the involvement and cooperation of many people with different kinds of skills and knowledge. You are the primary planner of the child's daily educational program and the person who is central in carrying it out. But it will help you and the child if you can identify and work with specialists in your program and in your community. You and the specialists can achieve more working as a team than as individuals. This chapter discusses how to find out about local or regional resources, what they provide, how you can make the most of what is available, and the kinds of specialists you may meet as you work with handicapped children.

Finding Out About Resources

To find out about resources, start by asking questions. Ask other teachers, your center director, and other program staff to recommend people who can answer your questions. You need some basic information about the kinds of support personnel available in your program. For example:

- Is there a **handicap coordinator**, a **mental health professional**, or a **health coordinator** who is familar with emotional disturbance and disturbed children, and who can suggest materials, methods, and additional resources?
- Is there an **educational coordinator**, a **director of educational services**, or another **classroom teacher** who can help you to make any changes in your program as needed by a disturbed child?
- Does the program have a **social worker**, a **social services director**, or a **parent-involvement staff member** who can help arrange contacts with the child's family and with resources outside the program?
- Does your program have **consultants**, whether from public schools, nearby colleges or universities, community health or social services agencies, a state department of education, the State Developmental Disabilities Council, or local chapters of national associations serving emotionally disturbed children? (For more information on national associations, see the section in Chapter 7 on professional and parent associations.)

Head Start Program Resources

Certain components — social services, health services, educational services, handicap services, and parent involvement — are found in Head Start programs. Programs vary greatly, however, in the number of staff members providing these services.

In a given program, one person may be both the social services director and the parent involvement coordinator. In another program, several people may work in each component. These staff members may work part-time or full-time. They may be a part of your program or outside consultants to your program. Their job titles may vary. It often happens that people with the same title do different jobs, or that people with different titles do the same job. A job title only gives you a small clue. You will need to find out *who* does *what, when,* and *where,* and *how you can get things going.*

Social Services

Social services staff (whether a full-time director, a part-time social caseworker, or a community aide) usually coordinate contacts among a child's family, the Head Start program, and outside community resources. This person (or people) can help you put together a team of specialists to work with you and a disturbed child in your class. When needed, the teacher and the social services person work together to arrange referrals for children and families who need diagnosis and treatment. Social services staff oversee the follow-up, too, making sure appointments are made and coordinating services if several agencies are involved. It is important that you get information from the social services person about the kinds of services a child is receiving.

The social services component is an extremely valuable resource to you in your efforts to provide handicapped children with a good education in a mainstream setting.

Health Services

The health services component of the Head Start program must include medical, dental, mental health, and nutritional services. The specialists who carry out these services may work on a full-time, part-time, or consultant basis. The person responsible for coordinating all these health services can draw upon a number of services outside of the program for diagnosis and treatment. This means they can help you get health information or the services of specialists for a child. For example, a speech-language pathologist may be called upon to assess a child's communication skills. An audiologist (hearing specialist) may be recruited to assess a child's hearing. A mental health professional such as a psychologist can diagnose emotional disturbance. Other specialists such as a neurologist (nervous system specialist), an occupational therapist (activities specialist), a physical therapist (movement specialist), or an otolaryngologist (ear, nose, and throat specialist) may be consulted when necessary.

You will want to know who in your program is responsible for contacting and coordinating health service agencies, and what your relationship is with the agencies. What kinds of assistance can you expect from them? What conference arrangements are being made among team members? While some agencies are more accessible than others, all Head Start programs (no matter how large or small) have or will have access to these resources, either within the program or through outside referrals.

Be sure that the parents are completely informed of any plan for services for their child, and that they give their consent.

12 Educational Services

This component comprises all aspects of the educational program. All Head Start programs, however, should use the resources of local institutions of higher learning (junior colleges, colleges, universities, and University Affiliated Facilities) that are available to them.

In many programs, the people who are responsible for educational services (including outside educational consultants) can provide guidance and advice to teachers in the classroom. This advice would include helping you to observe a child systematically, to assess a child's skills, and to develop and carry out an individualized education plan for a disturbed child. Your center's educational director should be able to help you tailor classroom activities to meet each child's needs.

Parent Involvement

Parent involvement, a cornerstone of Head Start, encourages family participation in all aspects of the program. Head Start believes that the gains made by a child in Head Start must be understood and built upon by the child's family and by the community. To achieve parent involvement in a child's Head Start experiences, each program works toward increasing parents' understanding of their young child's needs and how to satisfy them. Project Head Start is based on the premise that successful parent involvement requires parents to participate in making decisions about the program and about the kinds of activities that are most helpful and important for their child.

In some Head Start programs, the parent involvement component may be combined with social services. In others, it is a separate service. Regardless of its place in the organization of your program, the people in this component are responsible for the coordination of all activities that involve the child's family.

You probably realize that the parent involvement component is especially important for families of handicapped children. Since they have lived with the child you are trying to help, they know a great deal about their child's needs and strengths. The more the home and Head Start can exchange information and work together, the better the child will do in your class.

2

Handicap Services

A handicap coordinator is responsible for supervising the mainstreaming of all handicapped children in the program. This person is usually familiar with special education methods and materials, and should be able to teach you how to use them in your classroom if you need help.

Many Head Start programs have a close working relationship with the local school system. The local school system may pay for specialists to work with handicapped children. Under 1975 federal legislation, Education for All Handicapped Children Act (Public Law 94-142), local school districts must provide a free public education to all handicapped children from 3 to 21 years of age. Some states have their own special education laws, which require services for children from infancy to age five. You will want to learn as much as you can about these laws in your own state so that you can take advantage of the services. Your local public school director of special education is a good resource for such information.

It is important for teachers and parents to exchange information on the child's needs and progress on a regular basis.

One aspect of the Education for All Handicapped Children Act that concerns Head Start teachers and parents is its outreach component. Under the law, public school systems are required to demonstrate a practical method for identifying unserved and underserved handicapped children, so that they can receive the special services they need. Called Child Find, Child Search, or Child Identification in different states, the method varies from state to state. In some, it consists of an advertising campaign to let parents, teachers, and others know whom they should contact if they suspect a child has a handicap that has not been recognized. In other states, there is a formal program of screening and diagnosis in addition to a public awareness campaign. To take advantage of this service, which is your right under the law, call the director of special education in your local school system, the superintendent of schools in your town, or the special education section of your state's department of education.

Since the Head Start program in many states enrolls children for whom the public school system is also responsible, the school district may be able to provide many services for these children in your classroom, such as free diagnoses and specialists' services. The handicap coordinator should be in close contact with the public schools in your community, and should know all of the resources available and how to link up with them.

14

Who Knows About Resources and Services?

The staff person in your program who is responsible for handicap services may be the best person to contact to find out about resources and services. In your community, there are other people who can tell you what agencies or people provide the services you need for a handicapped child.

The special education supervisor in your public school system is one person to contact for information about local resources. It is also a good idea to contact this person to alert the school system to the special needs of a child. After all, the child will probably be starting public school after leaving Head Start.

Your local hospital may have a department called a child development unit, which deals with all sorts of developmental problems in children. Sometimes the hospitals have specialty clinics for children with particular health and developmental problems, including emotional disturbance. The services the clinics can offer will vary, depending on the staff and funds they have. But the hospital will often be able to suggest other resources for you to contact.

Some states have a University Affiliated Facility, which provides direct services to handicapped children and their families. The address for this resource is given in Chapter 7, page 127.

The Resource Access Project (RAP) in your region should be contacted. RAPs are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They identify all possible sources of training and technical assistance and enlist their support in helping Head Start programs find and serve handicapped children. The addresses of the RAPs are given in Chapter 7, page 131.

Parents of school-aged disturbed children are often very knowledgeable about the resources that can be tapped. Find out if your community has an organization for parents of disturbed children.

How to Make the Most of Available Resources

You can make the most of available resources by taking the following steps:

1. **Be Precise**

Be precise about the help you need. For people to be helpful, they have to understand exactly what you need. You may want to discuss your problem first with other Head Start teachers and specialists, so that you end up with a clear idea of what you need to know.

2. **Develop Objectives**

With your team of specialists, develop objectives about what each of you wants to achieve in working with a particular handicapped child. That is, know what you are aiming for so you can plan activities to meet that aim, and so you will know when you have reached it.

3. Agree on Responsibilities

You and the specialists should work together to determine what you expect from one another. People sometimes start out with different expectations — such as who is responsible for working with the child (the specialist or the teacher), or who is responsible for checking on whether the plan has worked. Responsibilities need to be spelled out so that an agreement can be reached.

4. Be Sure You Understand

Advice and explanations that don't tell you specifically what you can do for the child in your classroom leave you as stranded as you were before. If you don't understand, *ask*. Some specialists are used to saying things in complicated ways, and they need to be reminded to say them in plain English. Once you get the general idea, you will be able to develop activities on your own.

5. Keep in Touch

Feedback on both sides is very important. You need to know what the specialists are doing for the child and how the child is progressing. The specialists need to know what the child is doing in your classroom and how the child is progressing. And everyone — the parents, the specialists, and you — needs to know what everyone else is doing, so that the services can be coordinated. Otherwise, two specialists could be providing the same services for a child — or even worse, no one could be providing them.

Feedback won't happen by itself. Plan a schedule of contacts — meetings and phone calls are fine — and hold yourself and the specialists responsible for sticking to it.

6. Consider Parents Specialists

Try to work with parents in the same way that you work with specialists. Some parents are specialists on their own child's needs, strengths, problems, likes, and dislikes. Furthermore, like working with specialists, working with parents involves agreed-upon goals, knowing what each of you is doing, sharing information on how the child is progressing, and maintaining regular contact.

7. Expect a Lot

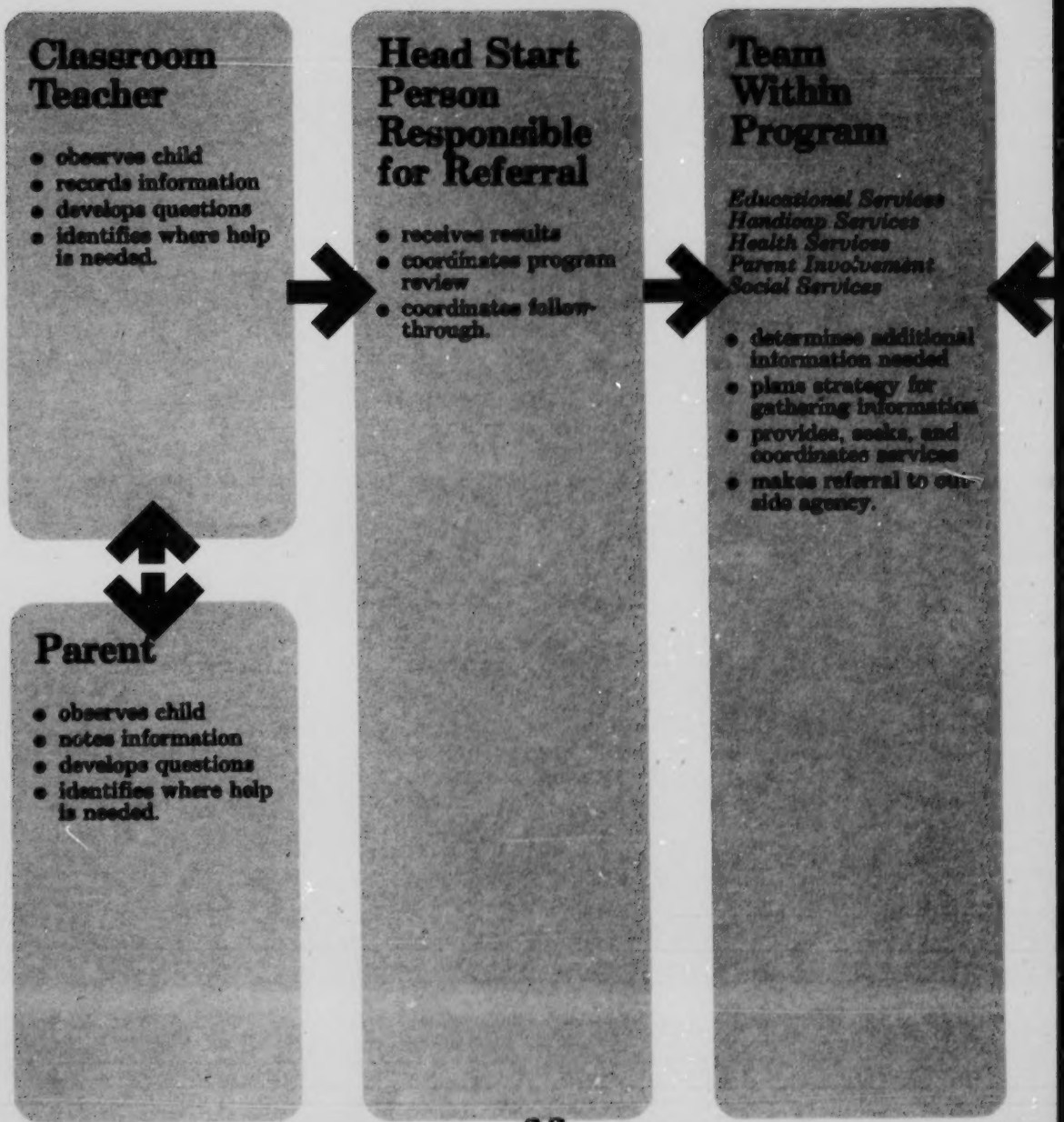
You will be working with a child who has problems that may be unfamiliar to you, and for which there are no easy solutions. This means you need to expect a lot, both from yourself and from others hired to help a child with special needs.

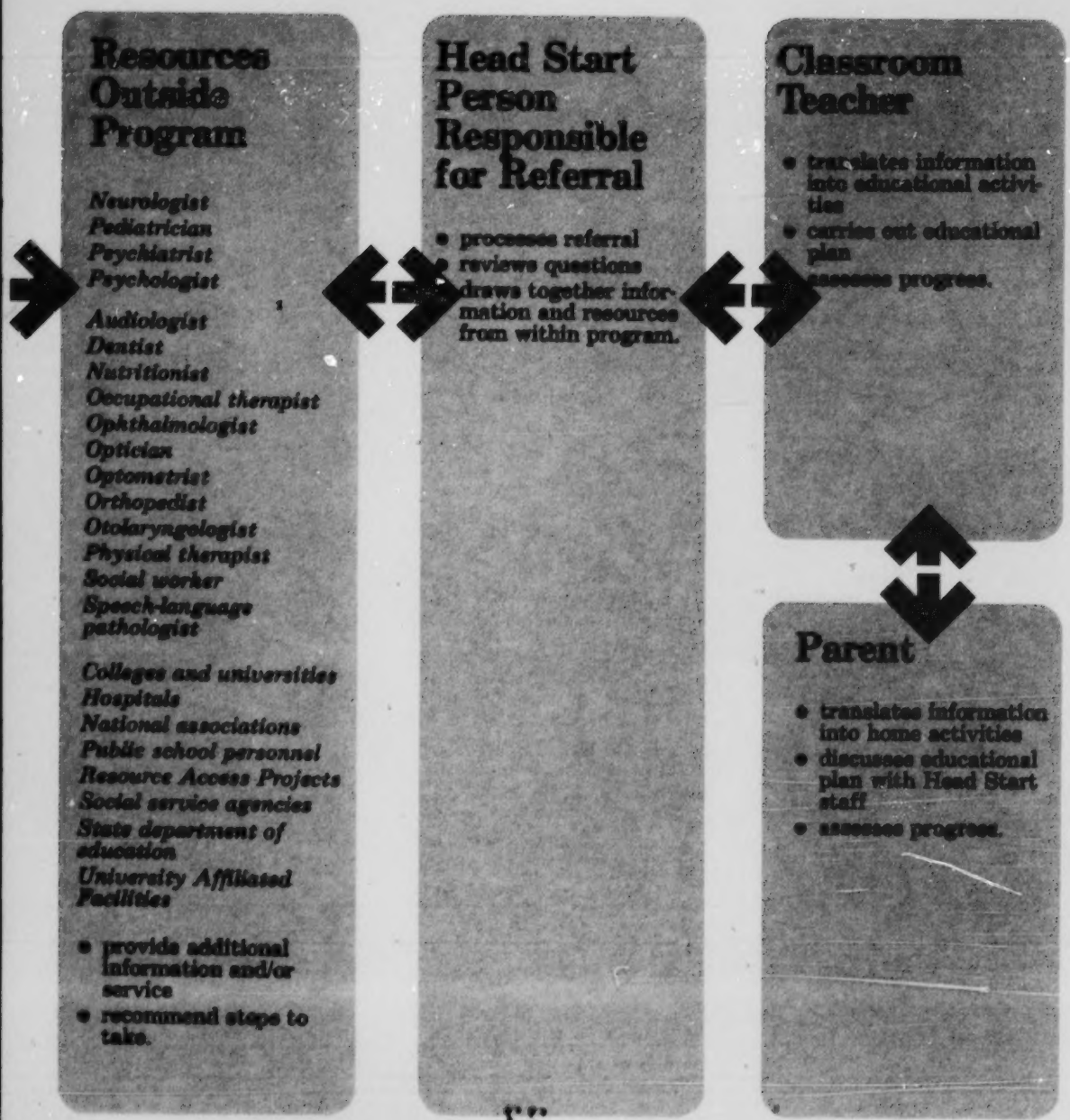
If you are going to get the most from resource persons both inside and outside your program, you need to be doing a great deal yourself. You need to identify what the child can currently do and what he or she is developmentally prepared to learn. At the same time, you will have to maintain a program that is good for all the children in the classroom.

Expect a lot from the people your program has hired on a full-time, part-time, or consultant basis. Don't be impressed by their titles, backgrounds, or anything else except *how helpful they really are to you, the handicapped child, and the child's family.*

16

Using Local Resources for Mainstreaming Handicapped Children




Resources Outside Program
Neurologist
Pediatrician
Psychiatrist
Psychologist
Audiologist
Dentist
Nutritionist
Occupational therapist
Ophthalmologist
Optician
Optometrist
Orthopedist
Otolaryngologist
Physical therapist
Social worker
Speech-language pathologist
Colleges and universities
Hospitals
National associations
Public school personnel
Resource Access Projects
Social service agencies
State department of education
University Affiliated Facilities
• provide additional information and/or service
• recommend steps to take.
Head Start Person Responsible for Referral
• processes referral
• reviews questions
• draws together information and resources from within program.
Classroom Teacher
• translates information into educational activities
• carries out educational plan
• assesses progress.
Parent
• translates information into home activities
• discusses educational plan with Head Start staff
• assesses progress.

18

Who Are the Specialists? What Do They Do?

This section describes the specialists emotionally disturbed children are most likely to need help from. Other specialists who work with handicapped children are described in the section beginning on page 20.

In addition to being skilled in the area of a specific handicap, specialists should be familiar with the needs of children from low-income and minority families. This familiarity may be an asset in:

- providing a more complete and accurate diagnosis
- identifying underlying environmental factors that may contribute to the disturbance
- helping you develop an appropriate and realistic individualized plan for the child.

Psychologist

A psychologist conducts screening, diagnosis, and treatment of people with social, emotional, psychological, behavioral, or developmental problems. There are many different kinds of psychologists.

What Is Done

Psychologists may ask children questions, observe them at play, ask the parents questions, and observe the children interacting with the parents. They may choose to administer standardized tests to assess children's problem-solving abilities and adaptive behavior (such as ability to use language, to play with others, and to do things independently). Psychologists sometimes use play activities to understand and treat children. At times they may want to talk with the whole family to help with problems they might have concerning a particular child. Psychologists can also help to decide what kinds of educational programs and activities would be best to improve children's problem-solving abilities and adaptive behavior.

Psychologists are often called upon to observe and test young children with suspected emotional problems.

Pediatrician

A pediatrician is a medical doctor who specializes in childhood diseases and problems, and in the health care of children.

What Is Done

A pediatrician can examine general health conditions to determine whether a child should spend a full day in your classroom and what activities are within the child's capabilities. Nutritional problems may be identified. If there are specific health problems, the pediatrician may prescribe medication, or may suggest another specialist.

Psychiatrist

A psychiatrist is a medical doctor who conducts screening, diagnosis, and treatment of psychological, emotional, behavioral, and developmental or organic problems. Psychiatrists can prescribe medication. They generally do not administer tests. There are different kinds of psychiatrists. A child psychiatrist is a medical doctor who specializes in psychological/ behavioral and developmental problems of childhood.

What Is Done

A psychiatrist spends time talking or playing with a child. He or she may or may not interview the child's parents. While observing how the child relates to others, communicates, and plays, the psychiatrist is also alert for signs of some physical problem that might indicate a nervous system disorder.

Neurologist

A neurologist is a medical doctor who conducts screening, diagnosis, and treatment of brain and nervous system disorders.

What Is Done

A neurologist performs a physical examination to determine how the body gains information from the sense organs, and how it uses the muscular system to perform motor acts. He or she may do special tests such as lumbar punctures or electroencephalograms (EEGs). The EEG is used to determine abnormal patterns of activity in the brain. This test can help the neurologist decide whether the child's abnormal behavior is related to some underlying central nervous system condition.

20 Other Specialists

Below is a list of other specialists who may work with handicapped and non-handicapped preschoolers.

An **Audiologist** conducts screening and diagnosis of hearing problems and may recommend a hearing aid or suggest training approaches for people with hearing handicaps.

A **Dentist** conducts screening, diagnosis, and treatment of the teeth and gums.

A **Nutritionist** evaluates a person's food habits and nutritional status. This specialist can provide advice about normal and therapeutic nutrition, and information about special feeding equipment and techniques to increase a person's self-feeding skills.

An **Occupational Therapist** evaluates and treats children who may have difficulty performing self-care, play, or preschool-related activities. The aim is to promote self-sufficiency and independence in these areas.

An **Ophthalmologist** is a medical doctor who diagnoses and treats diseases, injuries, or birth defects that affect vision. He or she may also conduct or supervise vision screening.

An **Optician** assembles corrective lenses and frames. He or she will advise in the selection of frames and fit the lenses prescribed by the optometrist or ophthalmologist to the frames. An optician also fits contact lenses.

An **Optometrist** examines the eyes and related structures to determine the presence of visual problems and/or eye diseases, and to evaluate a child's visual development.

An **Orthopedist** is a medical doctor who conducts screening, diagnosis, and treatment of diseases and injuries to muscles, joints, and bones.

An **Otolaryngologist** is a medical doctor who conducts screening, diagnosis, and treatment of ear, nose, and throat disorders. This specialist may also be known as an E.N.T. (ear, nose, and throat) doctor.

A **Physical Therapist** evaluates and plans physical therapy programs. He or she directs activities for promoting self-sufficiency primarily related to gross motor skills such as walking, sitting, and shifting position. He or she also helps people with special equipment used for moving, such as wheelchairs, braces, and crutches.

A **Social Worker** provides services for individuals and families experiencing a variety of emotional or social problems. This may include direct counseling of an individual, family, or group; advocacy; and consultation with preschool programs, schools, clinics, or other social agencies.

A **Speech-Language Pathologist** conducts screening, diagnosis, and treatment of children and adults with communication disorders. This person may also be called a speech clinician or speech therapist.

Chapter 3:

Parents and Teachers as Partners

3

A joint family/teacher effort is essential for developing the best program for a child.

22 *One of Head Start's unique achievements has been the involvement of parents in the education of their children. Parents are the primary educators of their children, and their involvement is the cornerstone of a successful Head Start program. This partnership is even more important in the education of a child who is handicapped, for the following reasons:*

- *Parents know their children's strengths and limitations better than anyone else. They can help a teacher understand and plan for their child.*
- *A joint family/teacher effort is essential for developing the best program for a child and for ensuring that the child will benefit as much as possible from the Head Start experience.*
- *Head Start may be the first preschool experience the child and parents will participate in. Making it a successful experience will have positive effects on the child's school years to come.*

Parents as Decision-Makers

Head Start has always considered parents important decision-makers for their child, because they are the main influence on the child's development. They are affected by the changes in their child that come about through your efforts, the efforts of specialists who provide services, and the experience of mainstreaming. They should be called upon to reinforce what you are teaching in preschool if maximum progress is to be made. For all these reasons, it is important that the parents participate directly in what you are trying to accomplish with the child in the program.

The direct involvement of parents in decisions affecting their child is essential. They should decide with you what and how you teach their child, and what efforts they will make at home. They should participate in decisions involving formal assessment and diagnosis of their child, and selection and arrangements for any special services that are needed. They should be a part of any decisions that are made as a result of evaluations of their child's progress.

One of the major areas in which parents are needed as decision-makers is in the development of an individualized education plan for their child. This plan is a written statement developed in meetings of the diagnostic team, the parents, and the teacher. It spells out the educational goals for the child, the activities that take place in the classroom, the involvement of parents, the special services provided by other agencies, and details of the evaluation procedure. Parental consent is required by law at two points: to give permission for the diagnostic process to take place, and to give permission to put into effect the individualized education plan that has been developed for the child. This requirement is intended to guarantee that parents have their rightful say in the education of their child.

The rest of this chapter discusses specific ways in which parents can help in the education of their child, and provides guidelines for teachers in working with the parents of handicapped children.

What Parents Can Do

Helping Your Child

As parents, you are the first and most important educators of your child. You can help in your child's education in a number of ways, both at home and in the classroom. You can begin by taking the following steps:

1. Get to know your child's teacher. Share with the teacher information about the family and daily routines. This will help to give the teacher a better idea of how to help your child in daily tasks and in learning new skills and behaviors.

2. Recognize that you have a tremendous influence on the growth and development of your child. What you do *does* make a difference. You can participate in your child's learning in many ways: showing interest and pride in his or her accomplishments, selecting and demonstrating skills he or she needs to learn, offering encouragement and guidance when he or she meets with a difficult task.

3. Seek guidance from your child's teacher if you are not certain how to use everyday events at home as learning experiences for your child. The teacher may be able to suggest specific activities you can do with your child to help him or her build necessary skills or behaviors.

4. Build on Head Start's firm commitment to a partnership between teachers and parents. You aren't alone in your efforts to help your child. You now have others who can help promote the well-being and development of your child: the teacher, other staff members in the program, agencies and public school resources in the community, and other parents.

Help your child feel more comfortable in preschool by taking time to explain what the new situation will be like, and by accompanying him or her for a short time.

The next section discusses how to prepare your child for the Head Start program, what to discuss with the child's teacher, and how to use everyday events in the home to foster your child's development.

Preparing Your Child

You can help both your child and the program staff by preparing the child for the Head Start program. Just before the start of class, bring your child to the Head Start center. Introduce yourself and the child to the teacher and other staff members. Encourage your child to explore the classroom and to play with some of the materials. Try to make sure that the child has a good time during this visit.

Some disturbed children will be fearful of leaving home, while others will be excited about meeting other children and learning new things. Sometimes a child will have both of these feelings at the same time. You and the teacher may want to discuss whether it would be helpful to your child if you remain in the classroom during the first few days. At some point your child will feel comfortable in the classroom without your being there. This takes more time for some children than for others.

A little bit of home at preschool and a little bit of preschool at home go a long way toward helping children feel comfortable and secure. Perhaps at home you can hang some pictures of the classroom or the teacher. Or your youngster could be sent to class with a favorite toy or familiar object from home, to increase his or her feelings of security.

Try to have your child arrive in class on time. Let the teacher know of important events at home that might influence the child's behavior in class. These special events may be happy times (such as birthdays, a family visitor, or a trip), or unhappy times (such as disruption in the family routine, illness, or death).

Understanding What Your Child Needs to Learn

You may feel that you need help from the teacher in understanding the skill areas — such as language skills, motor skills, social skills, self-help skills — that your child has serious weaknesses in. Don't hesitate to approach the teacher for this help, or for help in figuring out ways to use daily home activities to help build on the child's strengths and work on the child's problems. Try to talk frequently with the teacher in terms of specific skills or behaviors. Exchange suggestions.

Ask to see for yourself what the teacher does and how he or she does it in the classroom. You might even want to try practicing skills with your child in the classroom. Sometimes it is better for you to work with a child other than your own. But in either case it will give you practice and an opportunity to exchange ideas with the teacher.

Describe to the teacher an average day at home, in order to learn how you can use these ordinary events to work on the skills or behaviors the child is having problems with.

As a parent, you can help your child become more patient, concentrate better on tasks, and develop self-confidence.

Additional Effort

All young children learn by having different experiences and by trying things out. This means that your child needs to be involved as much as possible in daily activities at home, just like other children. If it's good for a non-handicapped child to help clean up after a meal, rather than rushing away from the table, then it's good for a disturbed child. Any task the child can perform can go a long way toward helping him or her build up self-confidence.

You will wish to make some additional efforts to help your child become appropriately involved in daily events. Children cannot be expected to learn new and better ways of acting by themselves. Some children will need extra help to become actively involved in daily routines, while others may need extra help to calm down and become more purposeful in using their energy. Some children may need extra help in daily events that seem routine and simple to others. For example, a bossy, threatening child may need extra help in forming and maintaining friendships with neighborhood children. Work out with the teacher what you can realistically do, but recognize that extra effort is necessary.

Home Activities

Activities at home should be as enjoyable as possible for the child and for the family. Don't overburden yourself or your child. Ask the teacher to suggest things that can *easily* be built into the daily routine. If the suggestions are too hard to carry out, they may not get done.

On the other hand, if you are willing to take a more active teaching role at home, ask for suggestions for extra things you can do. Talk with the teacher about what you like to do with your child and about what the child likes to do at home. Those activities can all be learning opportunities.

If you would like some specific activities to do at home with your child, look over the activities in Chapter 6. Remember, however, that you need not be a formal teacher for your child. Often the best way to help your child is to be loving and helpful, and to use the daily routine as a way to teach the child.

1. Using the Daily Routine

Most of the things that you do at home can be used to help a child with special needs learn more about the world. For example, you can describe what you're doing when you prepare meals, set the table, or do the laundry. You can use bedtime to tell a happy story or recall a pleasant experience. You can use bath time to talk about feeling wet. You can give the child simple chores, like putting the napkins by each plate, passing the cookies, putting clothes in the laundry basket. Don't expect the job to be done perfectly the first time, or even the second. With patience and affection you can help the child improve.

Be reasonably consistent in what you ask your child to do. If you expect your child to sit at the table during mealtimes, then you should expect that at every meal (except, of course, during times of illness or other stress).

Expensive toys or materials are not needed to help children learn. The kinds of things that are in all homes — pots and pans, socks, spoons, and magazine pictures — are all good teaching aids. Pots and pans can be used as rhythm instruments, can be stacked or nested, or can be sorted. Socks can be matched by color, counted, and folded together. Pictures can be named, or used to tell stories.

Most handicapped children need more, not less, stimulation from people around them. A good and simple way to achieve this is for you and other members of the family to talk to the child about what you're doing as you do it, and to listen to and encourage your child to talk. It is very important to talk and listen to all children, particularly disturbed children. However, some disturbed children easily become over-stimulated. These children need help in focusing their attention.

Confusion and failure can result if you shower the child with too many activities. As you work with your child, you will recognize when the child has had enough. You can help the teachers recognize this limit, too.

2. **Fostering Independence**

Help your child become as independent as possible. It's tempting for all of us to do things for children that they could do on their own, since we can do them faster and better. But it is very important for handicapped children to learn to do as much as they can by themselves. Independence helps children feel good about themselves and improves their ability to get along with others.

If your child is fearful about toileting, for example, you may worry that he or she may have frequent "accidents" at preschool. You may even feel that you should put the child back into diapers. Doing so, however, is a disservice to your child, who learns best about the world and daily routines by participating firsthand. You might ask the teacher to suggest ways in which you can make toileting less fearful for your child so that eventually he or she can perform this routine without your assistance.

3. **Praise and Encouragement**

We all benefit from honest praise — children as well as adults. Praise program staff honestly for their efforts with your child, and ask them for feedback on your work with the child. Remember also to praise your child's achievements. For some children, even small tasks can take a lot of time to master. Every achievement — from learning to handle foods appropriately at mealtime to managing to spend an evening with a baby sitter without continually crying or acting destructively — represents real progress and deserves real praise.

Also, praise the child for trying, even if failure or mistakes result. Continued effort is essential for children with special needs, who have many obstacles to overcome. Repeated, steady praise will help the child to keep on trying.

It is important, however, that your praise be honest, and that your child has done something to earn it. Disturbed children, just like other children, are very good at recognizing insincerity. If you praise your child at times when he or she has not been trying or has not mastered something, the youngster will be confused and will not understand what your expectations are.

Ask the teacher to share assessment results with you. Everyone involved should understand how the child is functioning and share pleasure at the child's progress.

What Teachers Can Do

Guidelines for a Partnership with Parents

Parents of children with special needs are as concerned about their children as any other parents, if not more so. One difference for parents of a disturbed child is that their child may not be as predictable as other children. This lack of predictability makes the child more difficult to plan for, to teach, and to live with. You may want to keep in mind the suggestions below as you talk with parents.

Maintain regular contact with parents and provide them with helpful information.

3

1. Establish and Maintain Contact

Describe the Head Start program in detail, and invite the parents to observe and participate in the classroom. Work out the child's educational goals in conference with them. Review the child's short- and long-term goals with the parents at least every three months, or whenever needed.

Although at least two home visits a year are required in Head Start programs for all children, you may need to make more visits if a child is handicapped. Maintain contact with the parents as often as you can. Visits, phone calls, notes, and sending children's projects home with them can help parents see the skills their child is learning. As with any child, don't contact parents only when there is a problem. Ask yourself, as often as you have time, "What did the child do today or this week that shows some progress or enjoyment? How can I find time to tell the parents, along with everything else I have to do?"

Some teachers and parents send a notebook back and forth each day or so. Teachers write a short note and send it home. Parents write one back for the child to take to preschool the next day. Other teachers and parents prefer to check with each other over the phone. The most useful way is usually the one that is most comfortable for the parents.

2. Know the Family's Limits

Everyone has a personal limit on how much he or she can do for a child in the classroom and at home. Get to know families well enough to understand these limits. Make sure that the suggestions you give them for working with their child can easily be included in their daily routine. For example, in families with several children, it may be difficult to spend a large amount of time alone with one child. Try to help parents plan family activities that are beneficial to both the disturbed child and other members of the family.

28 **3. Focus on the Child's Education**

Families of handicapped children may have all kinds of feelings about having a handicapped child. Some may feel angry, some guilty, and some embarrassed. Some may feel that they have a special responsibility to protect their child from all problems and frustrations, and they may expect much less from the child than he or she is really capable of. They may need the help of a psychologist, a social worker, or a counselor in learning to accept and deal with these feelings.

While you can be supportive and sympathetic, you haven't been trained to be a social worker and should not try to take that role. Suggest to these parents that they talk to people who can help them work through their feelings, if you feel they need it. *You* should concentrate on the child's educational program.

4. Be Reassuring, but Be Honest

Parents may be worried and upset when their child is about to be evaluated or re-evaluated. At such a time, it might be tempting for you to tell them not to worry, that everything will be fine. It is natural for you to want to soothe their anxiety. However, you shouldn't tell them these things because in fact you don't know if things really *will* be fine. A false sense of confidence can be hurtful. Be reassuring, be calm, be understanding — but be truthful.

Parents may ask you questions about the child's problems that you can't answer: "What's wrong with my child?" "Will my child learn to behave like other children by the end of the year?" Don't be afraid to say that you don't know the answers, but help parents find someone with whom they can discuss their concerns. Your social service personnel should be able to help you find people who can provide some answers. The answers to other questions, such as "What will my child be like when he grows up?" are often uncertain and complicated. Beware of people who have easy answers.

Some parents need reassurance and evidence that they can help their child. Help them see the many things that they already teach their children.

5. Recognize and Deal with Your Feelings

Be aware and honest with yourself about your own feelings toward a handicapped child and his or her family. Negative feelings (such as blame, anger, sorrow, nervousness, and fear) are understandable. Getting to know the child and the family helps to reduce some of these negative feelings.

Think positively about children with special needs. Focus on their strengths and be optimistic about helping them. Work on improving skills or eliminating behaviors that are making it difficult for such children to understand themselves and play with others. Help the parents see their child as someone who can grow, learn, and improve, no matter how severely handicapped. Most of us feel better about ourselves when people look at our strengths rather than our weaknesses.

6. Working with Parents

You and parents may not always agree on what children can and should be allowed to do, both at preschool and at home. In such cases, it may be best to talk with the parents to reach a compromise that works for you, the parents, and the child.

At times parents may be hard to reach. Single parents and parents with long working hours may have little or no free time. Try to accommodate parents' schedules in arranging home visits and conferences. Their limited participation in program activities does not necessarily indicate that they are not interested in their child or their child's performance in your classroom. Rather, they may be overwhelmed with other family responsibilities or problems.

Concerns of Parents

Parents of Children with Special Needs

Parents of handicapped youngsters often have special concerns. In general, it is wise for you to wait until they bring up these problems, rather than to suggest what the problems might be. Otherwise, you could be creating a problem that they have never felt.

Reading about some of the concerns that parents of children with handicaps often have should help you understand what some parents mean when they hint at a concern without actually saying it.

Enrollment in a Mainstream Classroom

Parents may worry that their child will not fit into the Head Start program. You may need to reassure the family that you want the child in your classroom, and that you believe the child will enjoy and learn from your classroom. Invite the parents to watch and listen to what is going on — let them see for themselves how their child plays and works with the other children and with you. Seeing is believing.

Acceptance by Other Children

Parents are sometimes concerned that their child will not be liked and accepted, and that other children may be cruel and teasing.

You can reassure them that preschool-aged children are usually too young to notice handicapped children as different unless the handicap is *very* obvious or their behavior is *very* different. You can also tell them that you do not allow teasing or bullying of *any* child in your classroom, and that you will deal with it firmly if it should happen.

Of course, some children just don't get along well with others, but this is not a problem that is limited to children with special needs. It is not a reason to avoid the classroom, any more than it is a reason to avoid the rest of the world. You can tell parents that managing these situations, when and if they arise, is a normal part of your job.

Throughout the year, keep the parents as informed as you can about how their child is getting along with the other children. If problems do arise, you may want to ask the parents how they handle similar situations at home.

You have developed a number of techniques for helping children cooperate and get along in your classroom. You will probably find that these techniques are just as useful for a child with special needs.

Teacher's Time

Assure the parents of a handicapped child that you will have time for their youngster. Describe to them what you will be doing with their child and explain that you will have your aide, volunteers, and other staff members to help you. Discuss also any outside assistance the child will be getting.

30 **The Future**

Parents may worry that their child will not make progress in your program. You can assure them that there are many things that you can teach their child, and that their child will learn a lot from the other children in the class, too. But be careful not to offer the parents false hopes. Make it clear that you can't make long-range predictions about how far the child will progress in the future, but that you will help the child learn as much as he or she can in Head Start. Be honest when you describe the skill areas you are working on with their child, and keep them well informed of their child's progress. Ask the family, in turn, to tell you how they see the child progressing at home.

As with non-handicapped children, if you genuinely like a child, and if you and other staff members in your program have worked out a sensible plan to meet the child's needs and stimulate his or her development, you have a solid basis for working out a real partnership with the parents. While parents of handicapped youngsters have some concerns that are different from the concerns of other parents, you can use the same ways of working with them that you have already developed in your conversations and personal contacts with other parents.

Parents of Non-Handicapped Children

Many Head Start programs have children with handicaps in their classes. It is not unusual for parents of non-handicapped children to be concerned about the presence of an emotionally disturbed child in the class. This concern may be greatest if parents suspect that the emotionally disturbed child is potentially hurtful or aggressive (for example, if they think that the child may hit other children for no apparent reason) or is otherwise abusive (for example, if they think that the child may scream at other children or destroy other children's work). Try to explain to apprehensive parents that you have adequate staff in your classroom to manage an emotionally disturbed child. Because some disturbed children can be more impulsive and unpredictable than others, you cannot *guarantee* the parents that their child will never have an unpleasant experience in your classroom. Explain to parents that no child would ever be enrolled in your class if it were thought that the child could seriously hurt someone. Also explain that the disturbed child has been enrolled because you and other professionals believe that the child's behavior *can* improve, and because the child has strengths and abilities to contribute to group learning experiences. It is good for all the children to see that a child's behavior can change, and to recognize that they have the ability to cope with a range of behaviors, with the teacher's help. Assure parents that every effort will be made to provide a safe and happy learning experience for all children.

Some parents may also be concerned that their child will pick up undesirable behavior from disturbed children (for example, giving up when a task becomes too hard, shouting and grabbing food at mealtimes, or breaking toys). You can explain to parents that it is normal for children to imitate other children. This is one of the ways they learn. However, undesirable behavior tends to be dropped quickly, once it has been tested and met with disapproval and/or found unsatisfying.

If the parents of a non-handicapped child have these concerns, invite them to your classroom. This may help to show them that an emotionally disturbed child is first and foremost a child and an individual, like their own child. Visiting a mainstream classroom may help dispel unfounded fears parents may have about a child whom they have never met. On the other hand, visiting your classroom may sometimes reinforce parents' concerns. Be prepared to explain what your program can offer their child.

Chapter 4:

What Is Emotional Disturbance?

4

Learning about emotional disturbance can help you realize the special needs of disturbed children.

32 *Like all children, emotionally disturbed children need a warm and caring atmosphere in which to grow and learn. And like other children, they have good days and bad days. With disturbed children, however, their bad days may be especially bad, and may continue for long periods of time. For this reason, they may need an extra measure of warmth, understanding, and tolerance from you. As you will learn, working with these children is not an easy job. They will often try your patience, your trust, and your teaching skills. However, as you work with them and learn more about them, you will find that meeting the challenge they present can be personally and professionally rewarding to you and of tremendous value to the children.*

At one time or another you may have an emotionally disturbed child in your classroom. You may receive a "diagnostic evaluation" for this child from a psychologist or psychiatrist. This evaluation will outline the child's development — both strengths and needs — and will explain what special services the child should receive from you and other specialists. On the other hand, you may only receive a report that says the child is "emotionally disturbed." This report may identify the specific kind of disturbance by name only. The advantage of using these names or categories is that a single word can stand for a whole range of related behaviors. However, classifying a child usually limits rather than extends our understanding, and often produces negative and inaccurate expectations for that child. The use of these names doesn't allow us to think of the range of skills and behaviors a child may demonstrate. It doesn't describe the severity of the child's problem with a particular skill or set of skills. For example, the term "disturbed" cannot possibly tell you whether a child has problems with sharing. One disturbed child may have problems sharing a certain toy with certain people, while another disturbed child may have trouble sharing anything with anyone. Still another disturbed child may have no special difficulty sharing. A word or phrase cannot possibly describe all of the possibilities to you. Describing children in terms of strengths and weaknesses is much more valuable to you than being able to fit them into a category.

Another real disadvantage of classifying is that the terms tend to stick with a child for a long time, regardless of whether the handicapping condition is still present. This can lead to social isolation and incorrect assumptions about a child's ability. Young children change and grow so rapidly that some children with handicaps may overcome their disabilities before entering public school. Names acquired in preschool are likely to follow children into public schools, and may be used as a basis for excluding them from the regular school program. It is hard to outlive or live down how you have been classified. Do your best to get to know the whole child and add important information to the diagnosis.

This chapter looks at how emotional disturbance is defined by Project Head Start and by other professionals in the field. It also considers what emotional disturbance means for those who teach and work with disturbed children. Learning about emotional disturbance can help you to realize the special needs of disturbed children, and to recognize when to refer a child for diagnostic evaluation. However, only by working with a disturbed child will you recognize his or her uniqueness, capabilities, and problems.

How Is Emotional Disturbance Defined?

The "Head Start" Definition

In defining handicapping conditions, Project Head Start distinguishes between **categorical** definitions, which are used for reporting purposes, and **functional** definitions, which describe the child's areas of strength and weakness. The categorical definition uses Project Head Start's legislated diagnostic criteria. An interdisciplinary diagnostic team (or a professional who is qualified to diagnose the specific handicap) must use this definition to make a categorical diagnosis of a child. This diagnosis is used only for reporting purposes. A functional definition or diagnosis, on the other hand, assesses what a child can and cannot do, and identifies areas that call for special education and related services. The functional assessment should be developed by a diagnostic team, with the child's parents and teacher as active participants. Another term for functional assessment or functional diagnosis is **developmental profile.**

According to Project Head Start, the following categorical definition of emotional disturbance is to be used for **reporting purposes** in Head Start programs:

> **A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.**
>
> ("Transmittal Notice Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start," OCD-HS, September 11, 1975.)

As the Head Start definition indicates, there are many "conditions" that fall within the broad scope of emotional disturbance. Professionals in the field of emotional disturbance (such as psychologists and psychiatrists) usually refer to these conditions as "diagnostic categories." They are discussed in Chapter 5. This chapter focuses on a more general definition of emotional disturbance.

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A Functional Definition

Emotional disturbance can be generally defined as an abrupt break, slowing down, or postponement in developing and maintaining meaningful relationships with other persons, and/or in developing a positive and accurate sense of self. Generally, children who are emotionally disturbed may have difficulty in:

- developing the capacity to give and take in relationships with other people. For example, Tina may not be able to treat other persons as they treat her.

identifying and appropriately expressing feelings and motives. For example, Masao may not know that he is happy when something good happens. He may express himself by throwing a toy or hitting another child, rather than by smiling.

learning skills and gaining self-confidence. For example, Patrick may have difficulty learning skills, may not have confidence in his ability to perform a task, and may not be able to demonstrate that ability.

asking for and accepting help. For example, Virginia may not be able to ask for help when a task gets too hard or to allow another child who has offered help to be her partner in a game. Some disturbed children have trouble accepting their dependency on others.

Within each of these developmental areas, emotionally disturbed children may show widely different behaviors. A child's behavior is influenced by many factors, including:

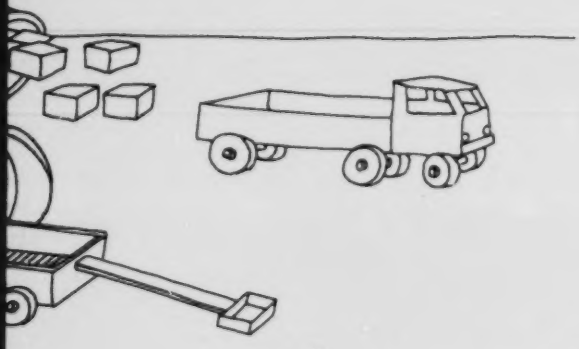
- the environment of a child (for example, whether it is permissive or strict, unresponsive or attentive)
- individual coping styles (that is, the ways a child has learned to handle problems)
- the range of behavior skills known to a child (for example, whether the child has learned a number of ways to handle a problem and understands the appropriateness of these ways in a given situation. Clare may have learned that she can go outside to play if she asks nicely, if she cries long enough to become disruptive, or if she follows her mother around the house begging to go outside. Of these various ways, Clare has learned that asking nicely is most effective and causes fewer conflicts with her mother. Albert, on the other hand, has learned that he always gets what he wants by crying. So crying is the approach he takes.)

Obviously a variety of factors contribute to how children learn to behave. These factors can be altered or changed to encourage more appropriate behavior and a better understanding of self and of the world.

Levels of Emotional Disturbance

To distinguish between disturbed children and children who have behavioral problems that do not require special services, Head Start refers to "seriously" disturbed children in its definition. Head Start does *not* use the word "seriously" to distinguish different levels of disturbance, but rather to distinguish "disturbed" from "non-disturbed" children. In fact, *all* disturbed children who require special services fall within the Head Start definition, even though behavior may vary drastically from child to child.

Specialists in emotional disturbance do not all agree that levels of emotional disturbance can be determined accurately. Some believe that three levels can be clearly distinguished from one another: mild, moderate, and severe. They use these classifications to indicate the severity of the disturbance. Other specialists believe that levels are difficult to establish because of the difficulty in evaluating young children and because of problems with the tests themselves. A further consideration is that disturbances show themselves with different intensities under various conditions. Chapter 5, which describes the diagnostic categories of emotional disturbance, does not distinguish levels of disturbance.



Masao doesn't always know how to express pleasure.

36 Commonly Associated Handicaps

Many emotionally disturbed children do not have other handicaps, but some do — particularly those who are seriously disturbed. These children require a very special kind of help. You will need to work closely with the diagnostic team to determine how best to help such children, and to seek out other resources as necessary.

Some experts have found that learning disabilities and communication disorders are likely to be associated with emotional disturbance. Learning disabilities, as defined by Project Head Start's legislative diagnostic criteria, mean a disorder in one or more of the basic psychological processes involved in understanding or in using language. This disorder may result in an imperfect ability to listen, think, speak, and to learn pre-reading skills.

A small percentage of disturbed children, most of whom are severely disturbed, have still other handicaps. These may include visual handicaps, hearing impairment, physical handicaps, and mental retardation.

Emotional disturbances interfere with or exaggerate the range of behaviors usually shown by young children. Additional handicaps simply compound the child's problems. If an emotionally disturbed child has been diagnosed as having other handicaps, you will want to take the following steps:

- Get some background information. Set up a conference with parents and ask such questions as: How have the child's handicaps been dealt with by the family and physicians in the past? What are the child's strengths, weaknesses, and interests?
- Read other relevant books, such as those in this series. They can provide useful information and suggestions on how to help children with other handicaps.
- If at all possible, discuss the child with those specialists who diagnosed the child's handicaps. Feel free to ask lots of questions about the specialists' impressions of the child and about the handicap itself. Encourage specialists to give you information that is *useful* to *you* in your individual classroom. You may need to familiarize the specialists with your classroom facility, the daily routine, resources that are available to you, and other aspects of your program.

- Ask more experienced teachers to help you plan for this child.
- Try to find ways to provide experiences that seem to fit the child's individual needs (for example, a place to retreat or a substitute task when a child cannot seem to handle a group activity). At the same time, make sure that a handicapped child has as many of the usual preschool experiences as possible. Most handicapped children do best if the teacher adjusts their program to their abilities and special needs without making them feel isolated from the rest of the group.

Problems Related to Diagnosis

Accurate diagnosis will enable you and others to give the kind of help that a child needs. This means, first of all, that someone has to recognize that a diagnosis is called for. If tests are given, they have to be appropriate, and administered by trained people. Further, the test results have to be properly interpreted. Accurate diagnosis, therefore, can sometimes be tricky.

Some problems related to diagnosis are:

- difficulty in identifying the type of emotional disturbance (the diagnostic category)
- difficulty in determining what the handicap is when the child's behavior can have a variety of causes (for example, a non-verbal child's problem may stem from physical *or* psychological factors)
- mistaking cultural and lifestyle differences for handicaps
- problems with the testing situation
- lack of regularly scheduled reassessment.

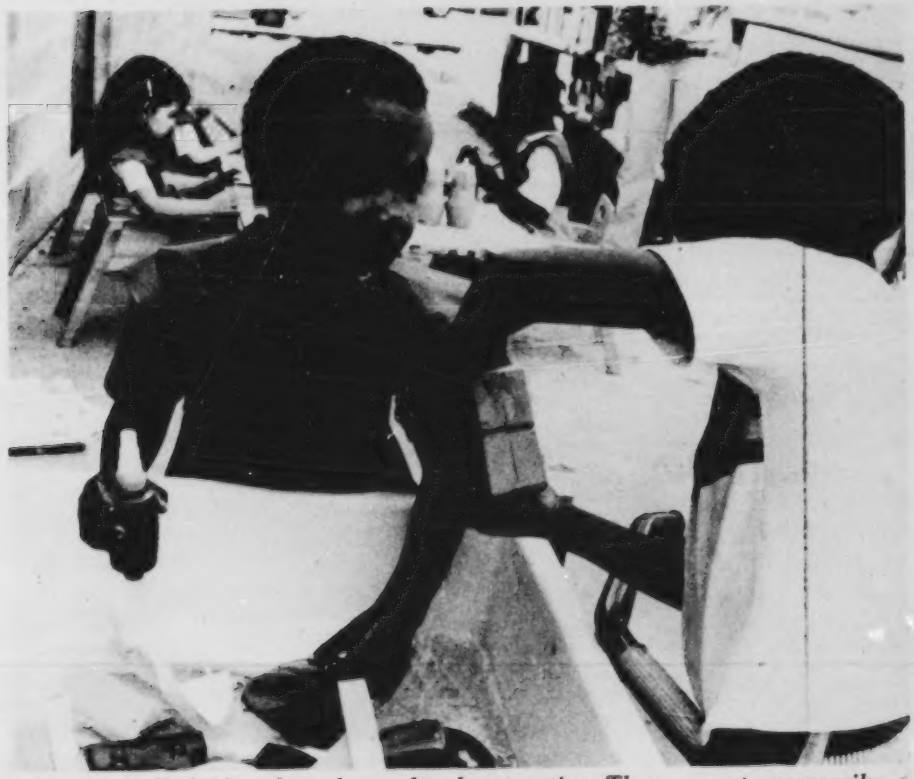
Some emotionally disturbed children have additional handicaps.

38 Identifying the Disturbance

Because children are unique individuals, they respond to situations in different ways. This means that, for example, aggressive children may each demonstrate their disturbance differently, making it difficult to diagnose their problem accurately. If an aggressive boy bottles up his hostility, he could be mistakenly diagnosed as withdrawn and given inappropriate and inadequate help. This fact underscores the importance of having a *trained* individual conduct the diagnostic evaluation.

Determining the Handicap

Diagnosis can be especially difficult when a single behavior can have a variety of causes. It is important, therefore, that each child be adequately screened for all possible problems. A non-verbal child, for example, may have a serious hearing loss that has never been recognized. It may be that the child truly wants to enjoy conversations with you and other children. But since the child cannot adequately hear what is being said, it is difficult for him or her to respond verbally. This experience can be very frustrating, and sometimes the child will act nervous, fearful, or timid. However, if the hearing loss is detected and treated, the child will learn to communicate with others.



"Street-wise" children have learned to be assertive. They are not necessarily disturbed.

Mistaking Cultural and Lifestyle Differences for Handicaps

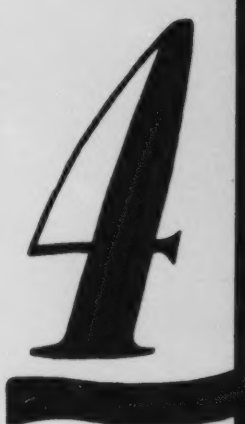
Many tests commonly given to children are standardized to fit children from a middle-class, white American background. Some children from low-income and/or minority families may not have learned the social behavior and school-related skills that children from white, middle-class families have learned. This means that when they are tested they do not perform according to test standards.

If they speak, for example, Spanish, Chinese, or a non-standard English dialect at home, they may not understand or may misunderstand what is being said to them. This means they can't answer the test questions correctly and may appear to be emotionally disturbed.

Children from low-income and minority families may also display behavior that makes perfectly good sense for the child in his or her environment, but not in the eyes of someone who is unfamiliar with the child's lifestyle. For example, some children are "street wise" at an early age: they know how to fight for their rights and take care of themselves. This behavior might include using physical force and yelling to settle problems, rather than talking things out. These children may be very assertive in this way because it is how they have *learned* to respond and, perhaps, because this way is acceptable to other people around them. They may in fact not be disturbed at all.

Circumstances like these can mean that children from minority and low-income families may *appear* disturbed when compared with children from white, middle-class families. The problem is often not with the children but with the tests or with the value system of the diagnostician. Diagnosticians, then, should be familiar with a child's background and should also have a good deal of insight into how different lifestyles promote or affect a child's behavior or skill level.

Emotional disturbance occurs at *all* income levels and in *all* ethnic groups. But you should be especially careful about drawing any conclusions from intelligence or psychological development tests given to children from low-income or minority families. You may be told that a particular child has been tested and found to be disturbed. But if your experience with the child makes you think the child is functioning well, tell the responsible person in your program that the child should be looked at more carefully.



40 Problems with the Testing Situation

The testing situation itself may interfere with accurate assessment of both handicapped and non-handicapped children. For example, a disturbed boy who is overly concerned about making mistakes, as is typical for some disturbed children, may say that he can't do a task that he really can. In another case, testing may make a non-handicapped girl so "nervous" that her behavior may be atypical for her. While her usual behavior might be friendly and outgoing, a testing situation might make her tense and guarded. Or, for example, a non-handicapped child who is shy and not used to answering questions may act disturbed in a diagnostic situation, but perfectly normal in a more familiar situation.

Sometimes it is helpful to have a child's parent or parents present during testing. Their presence may help the child feel comfortable. In addition, the parents will be able to say whether their child is behaving typically.

Lack of Regularly Scheduled Reassessment

Children at the preschool age are growing and changing rapidly. If assessment is not conducted on a regular and routine basis, it is difficult to know for certain the kind and amount of development that has taken place in a child. Lack of reassessment can be disastrous for a child. It can mean that a child whose behavior has changed or whose source of disturbance has changed is no longer receiving appropriate services. It can mean that a child who is no longer disturbed remains classified as disturbed. To provide a child with the best possible services and to keep track of his or her development, it is important that regular assessment be an integral part of that child's program.

With help, most disturbed children will gradually show some improvement. Some children may improve as they mature, only to show more disturbance again when they are under stress, that is, when something special happens to them (an upcoming vacation, the birth of a sibling, or illness or death in the family).

A very shy child may seem disturbed during testing.

Recognizing Problems for Referral

An accurate diagnosis can help you understand a disturbed child's behavior. But children grow and change. You are in an excellent position to observe the child for behavior that is consistent with the diagnosis and behavior that isn't. It is critical to note inconsistent behavior and alert the child's parents of the need for re-evaluation.

You are also in an excellent position to recognize behavior that may indicate undiagnosed disturbance. Some disturbed children may not be diagnosed before they are enrolled in Head Start. Children who are only mildly or moderately disturbed, for example, may be enrolled in your program without ever having been recognized as handicapped. You may be the first person in the life of the child who can alert other professionals to the problem, so that services for that child's special needs can finally begin. Sometimes parents need advice and encouragement from teachers to recognize and face problems that may have troubled them in their child's behavior. Diagnosis, first and foremost, is needed to point out the extra help and services these children need.

General Guidelines

Learn to Observe Carefully

Your own classroom observation, plus conversations with parents about their children, can be the best foundation for deciding whether to refer a particular child to a professional diagnostician. As a classroom teacher, you observe children and draw conclusions every day.

Do you have a child in your class who strikes you as difficult to handle, hard to get along with, or slow in learning new skills? If you observe the child, figure out what might improve the behavior, and try several approaches, you may find that the child's problems are not as serious as you first thought. And if they still seem serious, you can conclude that a professional evaluation is in order.

This process of carefully observing and drawing conclusions helps you plan activities to meet the individual needs of all children. Even though you aren't a professional diagnostician, don't underestimate your ability to spot possibly serious problems that may signal a handicapping condition in a child.

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Ask Questions

Ask yourself some good, basic questions to determine whether a child should be referred for professional evaluation:

Is the child's social and personal behavior (ability to share, cooperate, and interact with other children, and to be reasonably independent) so limited that it keeps him or her from participating fully with the other children?

Does the child's learning style or rate of learning prevent him or her from participating fully with other children? For example, a child who has a short attention span and who is constantly on the move may have difficulty learning a group activity. Or a child who learns very quickly may retreat from the group to practice skills that other children are not yet ready to learn.

If your answer to either or both of these questions is yes, and if the parents agree, referral is in order. If it turns out that the child is *not* handicapped, you and the parents will be reassured and will gain a better understanding of the child. If a problem *does* exist, the child will then be able to obtain the needed help.

Recognize Individual Differences

Distinguish between those children whose temperaments and individual learning styles you find difficult and those children who may be handicapped. Children, like adults, can be quiet and thoughtful or very energetic and into everything. Some get frustrated more easily than others, some get distressed and upset more easily than others, and some demand more attention than others. It is helpful to ask yourself: "Do I find this child difficult because of individual style differences between the two of us? Or is the behavior of the child genuinely different from the behavior of other children the same age?" **Children who appear different are not necessarily disturbed. You should try to discover why they behave differently.** If you can't come up with any logical answers, you may need to seek help.

Get Professional Help

To find out *why* (and sometimes *how)* a child's behavior appears different from what is considered normal, it may be necessary for you to seek referral and assessment for the child. From the child's point of view, referral is better than non-referral. This means that if you think a handicap might account for the behavior you have observed, it is best to have the child professionally evaluated. If you find out that the child does not have a handicap, no harm has been done. If, on the other hand, a handicapped child is not diagnosed, the child's special needs will not be met. Regularly scheduled re-evaluation is preferred over non-referral for children who have already been diagnosed: as you have read, children can sometimes be incorrectly diagnosed. If a child enters your class already diagnosed as emotionally disturbed, take an especially close look. Have the child re-evaluated if you have doubts about the diagnosis.

Behaviors that Do Not Necessarily Indicate Emotional Disturbance

Children who are emotionally disturbed show unusual behaviors *often* and for *long periods of time.* However, children who are *not* emotionally disturbed may sometimes show these same, unusual behaviors from time to time. With non-disturbed children, these behaviors are almost always short-lived and caused by a situation that you can identify.

For example, Victor was an outgoing, sociable four-year-old until his parents separated. Victor's mother, Mrs. Williams, was forced to go on welfare because she couldn't find a job to help support the family. Being on welfare upset Mrs. Williams, and her usual cheerful and caring behavior began to change. It seemed that now she was impatient, screaming at Victor about little things. At other times, she neglected Victor and his sisters altogether. Victor's behavior began to change, too. He no longer wanted to be with the other children at preschool. He was very quiet and, every now and then, would go silently into a corner and cry. Ms. Jones, Victor's teacher, was very concerned about Victor's new behavior. She contacted the social services coordinator, who met with Victor's mother to discuss the problem.

Several months later, Mrs. Williams was able to find a job. As she began to feel more confident in herself and in her ability to take care of her family, her attitude toward Victor and his sisters began to return to normal. By the end of the year, Victor was beginning to seem more like his old self.

Of course, it is not always easy to determine which behaviors signal real problems in a child, particularly if the child is new to your class. You will want to observe the children in your class carefully and work closely with parents. Additionally, you may want to discuss some of the problem behaviors with other staff (for example, with the program's director or handicap coordinator, or with your aide).

Unfortunately, there are no hard and fast rules that certain behaviors, continuing over a certain length of time, definitely indicate emotional disturbance. Be careful not to jump to conclusions. Learn the facts and give the behavior reasonable time to improve. You will often have to rely on your careful observations to know when to refer a child.

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Steps to Take

If you have reason to suspect that you have an undiagnosed emotionally disturbed child in your class, take the following steps:

1. Find out if the standard screening tests have been given. Talk to the handicap coordinator, the person responsible for coordinating health services, or someone else in your program who you think could be helpful.

2. If the child has been screened, no problems have been found, and you are still concerned about the child, speak to the handicap coordinator. The parents will have to give their permission for further testing. Explain the professional diagnostic process and the reasons for it to the parents.

3. While waiting for a professional diagnosis:

- Talk with the parents about what they notice to help you work more effectively with the child. Reassure them that you care and you want to be helpful.
- Continue to observe and keep notes to help you plan suitable activities.
- Chapter 6 discusses guidelines and ways of conducting activities for children. Use them if they seem appropriate and if you find they work.
- Find out the results of additional tests so that you can determine whether your individualized plan for the child needs to be changed. Discuss with the parents the results of the tests and any suggested changes in the services the child is receiving.

Chapter 5:

How Emotional Disturbance Affects Learning in 3-to 5-Year-Olds

5

You can learn a great deal about a child's functioning by observing a child on a daily basis.

46 *Good teaching involves finding out what each child can currently do and what each needs to learn. You are in a position to learn a great deal about a child's functioning, because you have the opportunity to observe the child on a daily basis and to talk with the child's parents. To help you, this chapter contains detailed information on how emotional disturbance may affect learning in three- to five-year-olds.*

The previous chapter defined emotional disturbance and discussed how to recognize problems for referral. The Head Start definition that was given in Chapter 4 listed different diagnostic categories of disturbance. This chapter describes the five categories that are most common in preschool-aged children: withdrawn (including depressed), anxious, aggressive, hyperactive, and psychotic.

The major characteristics of children with each of the five types of disturbance are described in this chapter. Also described are how they function in the major areas of self-concept, social, speech and language, motor, and cognitive development. For each diagnostic category the developmental areas are listed in their order of difficulty for the child, from easiest to most difficult.

Each description that follows refers to an "average" child. These descriptions should serve as guidelines, not rigid rules. Since all children are different, the descriptions won't necessarily *apply to children in your class. Some children may behave as described, while others may behave differently. As you get to know the children, you will also get to know how each child functions. It is your expertise as a teacher that will help children learn and develop as much as they possibly can.*

Children Whose Behavior Is Withdrawn

All children enjoy being alone from time to time. But children who are withdrawn seem to spend most of their time apart from a group. It is not so much that they enjoy being alone. Rather, they seem to feel uncomfortable when people and activities get too close to them. Consider Janie, for example. Whenever the children gather around the water table, she moves toward the edge of the activity area and silently watches the other children splashing and pouring water from bottles to cups and back again. On the other hand, if Janie is alone at the water table, she will pour and splash the water herself, though not vigorously. Clearly, Janie knows what the activity is all about. What she doesn't seem to know is how to participate in the activity with other children.

Children who are withdrawn also seem unusually uncomfortable when they don't know what to expect or how to handle a given situation, especially a new experience. For example, Danielle began to cry when her teacher said that the doctors would be coming to examine the children. The only contact she had ever had with a doctor before was at the clinic where she was vaccinated. Because she did not know what the examination at the preschool would be like, but remembered her past experience with the doctor, she was fearful.

Most withdrawn children have a favorite spot in the classroom, usually away from active areas and frequently on the floor. They do not *interact* with other children and adults, but *react* by moving away when someone gets too close. Withdrawn children appear disinterested in and unaware of most of what goes on. They seem to have few interests and frequently need self-comfort in the form of thumb-sucking, rocking, masturbating, or pulling on their hair or ears.

Few preschool children are diagnosed as depressed. There are, however, some young children who *seem* to be depressed. Their behavior is similar to that of the withdrawn child, with one difference: they seem unhappy about something. It is not always clear to themselves or to others why they are so sad. Most depressed children seem to do little more than daydream. They startle and cry easily. Some of them can be comforted. Some can be cheered up by playing for a while. Most depressed children will become sad and quiet many times during the day.

Like other children, withdrawn or depressed children are individuals. This means that their behavior can cover a wide range. One child may seem to be overly shy and timid; another may seem completely withdrawn. With gentle guidance, most can be helped. Most have the potential to learn all the skills other children learn, once they have gained some self-confidence and feel free enough to let themselves go and play with others.

The following are descriptions of skills and behavior typically exhibited by withdrawn children.

Cognitive Skills

Most withdrawn children acquire cognitive skills at the expected age and learn to use most manipulative materials. Their need to withdraw, however, usually makes it hard for them to put their knowledge and skills to use. It is safe to assume that most withdrawn children know and are able to do far more than they can express by words or actions.

Most withdrawn children learn primarily from *watching* others, at a safe distance. They generally will not join group activities, and are very timid about trying new activities and about using materials. Their hesitant use of materials is due to anxiety and lack of self-confidence, rather than to inability.

A withdrawn child may have a favorite spot in the classroom.

48 For example, most withdrawn children in preschool know different colors, even if they take only one crayon and make a barely visible mark with it on one edge of the paper. They often have normal dexterity (as, for example, in stringing beads), but might string the same bead over and over, rather than ask the teacher to put a knot at the end of the string.

With a great deal of gentle support, most withdrawn children can gradually develop the confidence to master new tasks. While they will stubbornly refuse to do any task that makes them anxious, they do wish to please and will try most activities with your protective support. For example, they may play with the pegboard after much reassurance and after having watched other children place the pegs. But they may refuse to work with finger paints, despite days of watching others use them. When invited to join, they may just shake their heads, or turn away. If you tell such a child to sit at the finger painting table, the child may obediently sit down, but stick his or her hands firmly under the table. Nonetheless, the child may be silently learning the task by watching.

Motor Skills

Most withdrawn children move their bodies as little as possible, although tests show that their gross and fine motor development is appropriate to their age level. Some withdrawn children sit motionless for long periods of time, or move only parts of their bodies, holding the rest rigidly still. For example, they might use toys with their hands, while sitting in the same spot on the floor.

When these children do use their bodies, their movements tend to be awkward, weak, and quite restricted. They may appear to be poorly coordinated. Many withdrawn children have a tendency to "fold-up" easily and drop on a chair or to the floor in a flabby heap, as if their bones were rubber. Withdrawn children also use their bodies to comfort themselves. They display mannerisms such as thumb sucking, twisting their hair, and rocking.

As these children gain self-confidence and are helped to overcome their need to withdraw, their body movements begin to appear much more normal.

Speech and Language Skills

Many withdrawn children understand language and are quite capable of speech, but speak rarely or not at all in preschool. They may express pleasure with a smile that fades as quickly as it appears and displeasure or discomfort by whimpering or crying softly. When they do talk, it is usually in a voice so soft that it can hardly be heard. When these children timidly request something in the classroom, their attempts to communicate tend to get lost. This is particularly true since withdrawn children give up quickly when they get no response. Talking and being talked to seem to make withdrawn children very uncomfortable. Often they will react by turning away or sitting there with a stony face. Since a withdrawn child responds to others so seldom, other children soon stop trying to communicate with him or her, unless they see your continuing efforts to talk with the child.

By their tense, withdrawn behavior, these children express loneliness, anxiety, and a sense of isolation. But their watchfulness and hesitant imitations of others communicate a desperate wish to be like other children. Sometimes they communicate their need for companionship and security by pleading looks or by clinging to an adult.

Offer a withdrawn child a great deal of gentle support.

Self-Concept and Social Skills

Most withdrawn children think poorly of themselves and are uncertain of their ability to do many tasks successfully. For example, although Anita has made many necklaces by stringing beads, she always begins the activity by saying, "I'm just dumb. I don't think I can string these ol' beads."

The way withdrawn children deal with their negative feelings about themselves and what they can do is by moving away from the group and into their own personal "shell." They avoid making a wrong move by not moving at all, or by moving with such unsureness that nothing is accomplished. Since they do not trust themselves to be able to do anything well, they either avoid doing anything or very carefully imitate others. Their discomfort with others is evident in their lack of responsiveness. For example, they may turn away when other children attempt to play with them, refuse to answer questions, or ignore the activity around them. But they also have a tremendous need for approval, which shows up in their constant attempts to please and to do (or at least pretend to do) as they are told. Feeling quite incapable of dealing with a problem, they avoid it. They typically give up toys or turns without a struggle, looking stunned or sobbing softly instead. Since withdrawn children seem uneasy about receiving comfort from others, they comfort themselves by rocking or rubbing themselves. Not daring to let angry feelings out at others, some of them may turn on themselves, falling to the floor, destroying their papers or games, or even depriving themselves of a treat.

Feeling incapable of doing the right thing at the right time and in the right way, a withdrawn child does not play and relate like other children. Instead the child builds a protective shell of passivity around him- or herself.

50 Timid and apprehensive, withdrawn children are nevertheless aware of what is going on around them. Many withdrawn children are careful observers of other children and adults. They watch out of the corners of their eyes, but turn away quickly if looked at. In their play they often imitate the gestures they have seen other children use in their games. Sometimes they will imitate the entire activity, except for vigorous movements and lively exclamations.

Most of the time, withdrawn children make no effort to get along with others. They ignore efforts by others to include them in play, sometimes turning their backs to them. Other times they seem quite unaware of other children, and become annoyed when other children try to play with them, sometimes running away or whispering unkind things to other children. Because of these behaviors, it is very difficult for withdrawn children to develop friendships with other children.

Many withdrawn children find their self-imposed isolation and exclusion from the group very frightening. These children are likely to find separation from important adults (such as a parent) terrifying. This is particularly true when a child enters preschool. The child may cling to his or her parents, or just sit and sob. In these cases, adjustment to preschool may be a long and difficult process. It may take many weeks or months of your continued and caring attention for these children to allow themselves to begin to open up and relate to you and other children in the smallest of ways (for example, smiling occasionally, showing interest in another child's activity, or asking for help when a task becomes too difficult).

Children Who Behave Anxiously

All children go through periods of strong fears and anxieties. They learn to deal with their fears either by themselves (often in their play, by acting out a frightening experience such as a visit to the dentist), or with the help of other people (parents, teachers, and other children). But there are some children who are so anxious for such a long time that they can hardly think of anything else. Perhaps they are always thinking of the terrible things that could happen to them or to others in their family. Sometimes this fear becomes **generalized**. That is, they begin to be afraid of other things that really will not harm them. For example, if they are afraid of a particular dog in the neighborhood, they may begin to fear all dogs, or all animals. This fear can also be carried over to include people, things, or situations. For instance, if Eva is anxious about animals, she may even begin to fear animal crackers. Or, if Anton is afraid of separation from his mother, when he goes to preschool he may begin to expect something to happen to his mother that will prevent her from ever coming back to take him home. Sometimes such extreme anxiety becomes focused on a single object, place, or situation. When this occurs, it can be called a **phobia**. It is normal for preschool children to have passing phobias (of dogs, insects, school, or trains, for example). But when phobias persist for a long time (many months) or become so limiting that they prevent the child from performing his or her daily routine, they go beyond the limits of normal. Phobic children are one type of anxious children.

Anxiety can make some children overly fearful, or phobic, but other anxious children may display other behaviors. Anxiety makes some children aggressive, others hyperactive (overactive), and others withdrawn. There are

some anxious children who behave in all of these ways, in a rapid and confusing succession.

Anxious children look worried, little things bother them, and they cry a lot. Some will wet or soil themselves. Some will get stomachaches or headaches. They might bite their nails, rub their hands together a lot, or blink their eyes. Some bang their heads against the floor when they are upset.

Anxious children may be awkward and overly cautious. They get upset about falling or other minor hurts. Others are impulsive and impetuous in an attempt to hide their anxieties. But many of them show their anxieties in their play. For instance, when they play house or play with puppets, they may act out fearful situations (such as taking a bath, going on a trip, or being left with a baby sitter for the afternoon). They may become confused or scared by their own make-believe (believing, for example, that the water has terrible monsters in it, that they will have an accident during the trip, or that the baby sitter will treat them unkindly). They have more trouble than other children knowing the difference between make-believe and real life.

Most anxious children are eager to do well, to do the right thing, and not to make mistakes. They may be skillful but insist that they "can't do it." Teachers often call them perfectionists because they want everything they do to be perfect. If they tear their picture, for example, they will insist on making a new one rather than repairing the torn one. They may refuse to stop an activity until it is completed to *their* satisfaction.

Many anxious children will stay away from "messy" activities such as finger painting or building with clay. They may get upset when there is a spot on their clothes or arms, and they may wash their hands a lot. They tend to avoid playing with children their own age, preferring to play with younger children or grownups.

Anxious children do best in situations where they understand everything that is going on and when they know exactly what to expect. They like to do familiar things in the same way each time. They do not like changes and can become really upset and frightened of a new experience such as a field trip or trying a new game. They are very troubled by unstructured situations, such as the transition from one activity to another. Many anxious children get upset at rest time because it is unstructured. They may feel that if they relax too much they will lose control of the situation.

In teaching children who are anxious, it is very important to:

- **reassure them about the obvious ("You will be very safe on the field trip. We will all go and come back on the bus together.")**
- **explain clearly what is expected of them**
- **reassure them that you are confident in their abilities to do what others can do.**

Anxiety can lead to random, repetitive busy work.

5

52 Cognitive Skills

Anxious children generally understand *how* to use materials because they spend a great amount of time silently and secretively watching others. However, their tentative, half-hearted efforts and their reluctance to try new things may delay their mastery of skills.

Anxiety usually interferes with the thinking of these children. An anxious child might suddenly forget the steps necessary to continue a game or project and become confused. This leads to random, repetitive "busy work." For example, in the middle of a lotto game, Hisako was suddenly unable to match any more pictures. She began to wail that somebody had taken the picture she was looking for. Making no further effort to participate in the game, she resorted to counting the lotto cards over and over again.

Speech and Language Skills

Many anxious children are expert talkers. Most of their talk relates to their fears and concerns. Though they may talk a lot and quite clearly, what they say is often confused and therefore hard to understand. For example, Hsiao-Ti said to the teacher, "Before the cookies got on the table, I got all eaten up." But what she really meant was, "I got the cookies on the table before they were all eaten up."

Other anxious children may communicate mostly in non-verbal ways. They tend to communicate with eye contact and tentative or fearful gestures. Some whimper or cry when upset, waiting for others to figure out what is wrong.

Social Skills

When they are feeling less anxious, many of these children can play and get along well with other children. Usually, though, they tend to watch from a safe distance, and become upset when other children are noisy or come too close. If they become too uncomfortable, they may suddenly turn on other children with aggression (for example, grab a toy away from another child, or say unkind things). They show their interest in others by watching and commenting on their activity. Their comments often describe possible disasters ("It's going to fall," "We're going to get lost").

On the other hand, anxious children tend to be very dependent upon and demanding of adults, constantly seeking help and reassurance. For example, on a trip to the zoo, Johnny insisted on holding Mrs. Jay's hand and asked repeatedly, "The animals can't get out of the cages, can they?" Anxious children may tell the teacher what other children are doing wrong in order to have teachers stop the behavior that is upsetting them. At other times, though, they may withdraw entirely from adults and show no need to be demanding, dependent, or eager for approval.

Motor Skills

Although tests generally indicate that anxious children have the potential for normal gross and fine motor development, their body movements appear restricted, tense, and awkward. Their anxiety makes them overly cautious and often timid. They seem unable to put their "whole selves" into any activity. Because of the tension in their body movements, it is often difficult to tell how well coordinated they may be. In manipulating objects, they may be extremely gentle, barely touching the object. Sometimes their hands and fingers may tremble, making assembly of puzzles, form boards, and other objects difficult.

Self-Concept

Anxious children tend to be fearful, unsure of themselves and their abilities. They often say that they cannot do what is asked of them. For example, an anxious girl may stop midway in making an Easter basket, even though she is actually able to complete the task. If you tell her that you believe she *can* finish the basket and offer some direct help, she may begin to feel that she can successfully complete the project.

Most anxious children like to be praised for their skills. They work hard to please the teacher and themselves. They are overly sensitive to criticism and truly afraid of disapproval and/or punishment. Many of them worry about what others think of them and about what others might do to them. Often they don't know themselves what they want, but they don't like other people telling them what to do, either.

Anxious children are often overly sober and serious. But they may suddenly get excited with outbursts of crying or anger, or with spells of uncontrollable laughter.

Children Who Behave Aggressively

Assertiveness is a valuable characteristic. It helps children be active and energetic and get to work on their own. But assertiveness has its negative side, too. It can cause children to have angry outbursts, to snatch away toys, to hurt others, or to destroy things. Some children have learned that a verbal or physical attack is an effective way to get what they want: a toy, attention from an adult, and so on. In the classroom, though, most children learn more effective ways of interacting with others, especially with some help from the teacher.

As you are well aware, some children are more easily irritated or angered than others. Some have a harder time controlling themselves than others. Nevertheless, their aggressive outbursts fall within the normal range of behavior if they are occasional occurences. A child is considered disturbed only when his or her *typical* ways of reacting to others are by forceful and uncontrolled physical aggression (hitting, biting, scratching, kicking) and/or by verbal aggression (shouting, screaming, cursing, name-calling).

Aggressive children tend to hurt others with or without provocation. Some of them respond with anger only to particular situations, as when they can't have a toy. Others will explode more at times of stress, such as when they are tired or have been confined to a small space for a long time. Still others seem to use aggression as their major means of communication. These children appear to be angry deep down inside and very suspicious or hateful toward people in general. Even after hurting or upsetting another person, the aggressive child is unable to calm

54 down or to refrain from the next outburst. Many of them are quite destructive. You may see these children ripping books, pulling dolls apart, or breaking crayons into bits. They may also be very demanding and impatient. They may play with other children for a while and then suddenly push them out of the way or grab their toys. They may disturb others, interrupt or interfere with their play, and refuse to cooperate with the teacher.

Though these children may appear to be bullies, their hard, aggressive behavior is the way in which they cover up their inner sense of fear, vulnerability, and inferiority. Aggressive children are actually fearful of their own aggression and of attack by other people. For example, in the midst of an attack on another child, an aggressive child may suddenly appear to be anxious and confused. This is because he or she may desperately want to get away from the situation to hide his or her lack of self-control.

Even the most aggressive child does not fight all the time. He or she can become deeply involved in activities and usually enjoys vigorous play. However, aggressive children are set off more easily than other children. At times you may be able to identify those situational or environmental factors that provoke aggressive behavior. They are likely to include such things as:

- **over-stimulation**
- **seeing violence among adults**
- **inadequate space for motor activity**
- **growing up in an aggressive environment.**

At other times it will be difficult to determine what provokes the aggressive behavior because almost anything *appears* to set off the child. As you begin to learn about the child, his or her environmental needs (for example, the noise or activity level that promotes less aggressive behavior and encourages concentration), and suitable outlets for aggressive behavior (for example, a punching bag) you will be able to work more effectively with him or her.

Cognitive Skills

Most aggressive children learn and enjoy all age-appropriate cognitive tasks. Some children, however, are easily distracted by the activity of other children or by their own need to change activities frequently. This lack of concentration is most often seen in aggressive children who are also learning disabled.

Many aggressive children are a lot more capable than their poor self-image and anxious distrust permit them to be. Their cleverness may be expressed in fighting rather than in constructive accomplishments. However, with reassurance, structure, and redirection (hitting a punching bag instead of children, pounding nails instead of the teacher, knocking down tenpins instead of block buildings), they often are able to show their real constructive ability.

Lacking confidence, an aggressive child may throw the play-dough rather than attempt to make something.

Speech and Language Skills

Many aggressive children have a good command of speech and language skills, similar in development to other preschool children. They can tell you clearly what they want and how they feel ("I'm gonna eat all dem cookies. They's all mine!"). While the message of their communication tends to be more hostile than friendly, many aggressive children do convey an eagerness for positive relationships ("You're my friend, come play with me").

Other aggressive children communicate physically more than verbally. They will, for example, grab a toy from another child rather than ask for it. You can help these children by gently reminding them to use words to communicate what they want.

Motor Skills

Most aggressive children show good potential for doing activities that require gross and fine motor coordination. They enjoy vigorous whole body movements (running, climbing, jumping, throwing, pounding, and so on), and may be particularly quick to learn such gross motor skills. However, carelessness about their own safety may lead to sudden, uncoordinated moves, causing tumbles or head-on collisions. When upset, they may be particularly awkward and use gross motor activity as a way of avoiding or getting away from the upsetting situation. Fine motor tasks that require patience and continued effort (such as putting a puzzle together) are more difficult for aggressive children. They may need to take many breaks from a simple fine motor task in order to complete it.

You can encourage better use of fine and gross motor skills by observing the child to determine how much space he or she needs to perform a task comfortably and successfully, and without infringing upon the space of other children. For example, if you notice that Carl is drawing all over the table instead of the paper, perhaps he needs a bigger piece of paper. If a bigger piece of paper is unmanageable at the table with other children, you can try taping a larger piece to the wall close to where other children are working.

Self-Concept

Many aggressive children appear to think poorly of themselves. They are frightened by their own uncontrolled behavior and fear aggression in others. They tend to destroy their work and declare that it was "no good." Aggressive children lack confidence and are reluctant to learn new skills. For example, they might throw the play dough at other children rather than try to make an object out of it. They need praise and reassurance to help them feel better about themselves.

56 Social Skills

Aggressive children have great trouble relating to people. Although they are often eager to be friendly, it is difficult for them to learn to trust others. Their response to other people is determined more by their own feelings than by the way other people treat them. They tend to be angry or hostile, demanding, and defiant. They often defeat their friendly intentions by hurting others. For example, they may say something that sounds mean, or squeeze another child's hand too hard. They occasionally play with others, but the unpredictability of their attacks makes friendship difficult. Additionally, they have a tendency to strike out when they sense the negative reaction they are provoking in others. You may hear an aggressive child say, for example, "I hit him because he was *going to* hit me!"

Frequently, other children will exclude an aggressive child from their play. This upsets the child even more. He or she may react by even more aggressive attacks, or by crying pitifully. In such a situation, the teacher can help by suggesting behavior that is more acceptable to the other children, by encouraging the other children to accept the child and help him or her learn, and by standing by protectively to ensure success.

Aggressive children need more protection than people usually realize. They need protection from physical and verbal attack by others as well as from their own outbursts. Without this protection, their aggression will only increase. Gaining control is a difficult task for all young children, but is a particularly painful and slow process for aggressive children. The teacher can assist such children toward self-control by letting them know that:

- **he or she understands how hard the process is**
- **he or she has confidence in their ability to learn self-control**
- **he or she will try to protect them from hurting or being hurt**
- **he or she will permit them to control their own behavior as they demonstrate increasing ability to do so.**

Children Who Behave Hyperactively

At one time or other, most children seem to have an unlimited supply of energy. This is particularly true when they are overstimulated or excited. They may rush around so fast and for so long that it is exhausting just to watch them! Such behavior, however, is a normal part of a child's development, because it is generally seen in combination with *less* active behavior.

However, there are some children whose *typical* way of behaving is to be constantly on the move. These children are called **hyperactive** or **hyperkinetic**. When other children might be merely lively and enthusiastic, these children become overexcited. They cannot wait for explanations or turns, and seldom pause long enough to relax, to watch, or to listen to what is going on. They tend to rush without purpose into situations, endangering themselves or others. For example, they may build a block structure so quickly that it tumbles down, or pour juice so fast that it spills all over.

Hyperactive children cannot tolerate not being able to move around freely. When they do manage to sit down, their bodies squirm, turn, and twist. It is impossible for them to stay with a chosen activity for any reasonable period of time: their ability to attend to a single task may be as short as ten to twenty seconds! They seem unable to screen out unimportant noises, which make them even more restless and scattered.

Because hyperactivity may have either physical or emotional causes and because no two children are the same, hyperactivity can be expressed in a variety of ways. Some hyperactive children may appear very anxious. Others may be aggressive toward other children. Frequently they get in the way of others, often without meaning to or even realizing that they are causing a disruption. They may also show aggressive behavior when they meet with a challenge or a restriction, rushing around needlessly and/or having a temper outburst.

Most hyperactive children do have peaceful, contented moments, when they play and relate happily. But their mood swings are more extreme than those of other young children and their behavior is more inconsistent. Their hyperactivity normally can be seen in their difficulty with relationships with other children, their poor attention span, and their lack of control over gross and fine motor movements.

Schedule and time activities well to prevent a hyperactive child from losing interest.

58

Speech and Language Skills

Many hyperactive children understand and can use language well. However, because they have difficulty staying with a task or keeping their mind on what they want to say, they may alter or confuse the meaning of their thoughts, making it difficult to get the drift of what they are saying. Their speech gives you a sense of urgency and bewilderment rather than a sharing of information and ideas. In addition, their speech is often so fast that they run words and thoughts together. For these reasons, most hyperactive children rely primarily on body language to express themselves. They need to be encouraged to express themselves in words.

Cognitive Skills

Hyperactive children have difficulty acquiring cognitive skills because of their inability to sit quietly, listen to instructions or explanations, and concentrate on a task. If they pursue the task and it becomes more difficult, they quickly lose interest and move off to something else.

In their calm moments hyperactive children may show far more knowledge and ability than their usual, scattered performance would lead one to expect. These calm moments are best realized when the noise level of the classroom is low and the room isn't too crowded.

Self-Concept

Many hyperactive children think poorly of themselves. They are usually aware of and troubled by their uncontrolled behavior. It is frustrating for them to make mistakes (to knock over the blocks or spill the juice), because they really *want* to play and get along with others. All day long they seem to be searching actively for something they need and can't find. As they rush about they may injure themselves frequently, which can make them feel helpless and unprotected. One minute they may be cheerful, the next crying and miserable.

Social Skills

Hyperactive children are generally friendly toward adults and other children and want to be liked. They frequently offer to help adults and try their best to please. However, they have difficulty playing with other children because of their inability to concentrate on tasks during cooperative and interactive play, and their inability to remain part of a group except for brief periods of time. Peaceful moments of playing with other children are often interrupted by sudden swings in mood or uncontrolled behavior. They may become aggressive, or get in the way of others without meaning to. Their inability to wait for a turn may make the other children angry. Also, their incessant, confused talk may be irritating to the others.

When the boundless energy of hyperactive children is guided toward active tasks and play (arranging tables and chairs, washing paint brushes, helping to set up playground equipment), these children can function and cooperate well. But restriction can lead to needless running and to temper outbursts.

Motor Skills

The hardest task for hyperactive children is making appropriate use of gross and fine motor skills. They simply can't help moving their bodies nearly all the time, often in an uncontrolled manner. This constant movement makes functioning in other areas very difficult as well.

Although these children seem to enjoy gross motor play such as climbing, bike riding, and jumping, their motor development is uneven and is often influenced by how well they have learned to play with other children. They may seem perfectly able, for example, to throw a ball against a wall, but have difficulty throwing the ball to another child. In addition, a number of experts believe that many hyperactive children have perceptual and coordination problems. This may account for the many accidents these children have: bumping into walls, tables, children, or building blocks; stumbling or tripping; spilling; and so on.

A psychotic child will need your gentle encouragement during transition.

Children Whose Behavior Is Psychotic

Professionals differ in their understanding of the severe disorders of childhood commonly referred to as childhood psychosis. No one is really sure what causes psychotic disorder in a very young child, and many persons have spent their professional careers trying to prove whatever theory they believe about the causes of psychosis. Many use other diagnostic terms to distinguish *types* of psychotic disorders, such as **autism, atypical development, borderline states,** and **childhood schizophrenia.** Some professionals feel these diagnostic terms refer to real differences in behavior among psychotic children, while others do not believe the differences are sufficiently clear-cut. This book describes psychotic disorders in general, making no distinction in type.

60 In spite of professional disagreement over diagnostic terms and possible causes of psychosis, most professionals agree that this group of childhood disorders presents very special educational challenges. Children whose behavior is psychotic need to be worked with by highly trained persons. They are rarely mainstreamed into a Head Start or other preschool setting, except when other specialized facilities are unavailable.

Most professionals also agree that regardless of the diagnostic term, there are some clusters of symptoms that are usually present in *most* childhood disorders in this group. In their book, **Autism** (New York: Halstad Press, 1976), Edward Orwitz and Edward Ritvo list five clusters of symptoms:

- **problems in the way the child perceives the world (cognitive skills)**
- **problems in the sequence and rate at which the child achieves certain developmental milestones (cognitive skills)**
- **problems in speech and language development (speech and language skills)**
- **problems in forming relationships with other people (social skills)**
- **problems in the way the child uses his or her body (motor skills).**

Unless you intervene, a psychotic child may repeat a task over and over.

Cognitive Skills

Psychotic children have many problems with learning. Often their thinking is confused. For instance, they mix up events that happened long ago with events that are happening right now, much more often and for a much longer time than is normal for young children. They also get confused when objects are moved to different places. For example, when the tables and chairs were moved around, Maria suddenly did not know where she was. She began to wail that she was lost. Later on she complained that the tables and chairs were "lost." Psychotic children seem particularly confused when they have to adjust to changes in routine, such as during transition times, trips, and vacations.

Many psychotic children seem to have problems learning through hearing and seeing. They have an exaggerated response to both: they either completely ignore what can be heard and seen, or they get overexcited by sounds and by things they see. Some prefer to learn through their sense of touch or their sense of smell. As with other children, it is a good idea to teach psychotic children through the channels to which they are most receptive. Four-year-old Paul seemed "deaf" to all the talking around him, but his teacher knew that he loved music. She was delighted when he memorized an entire song from a record, and decided to use music as a bridge for teaching him. She began by making up a song with Paul about daily routines, to help him make transitions more easily.

Psychotic children are quite uninterested in social games like playing house, and most will stay away from creative play like modeling clay. However, some psychotic children can learn to do some tasks very well. Some of them have an easy time with symbols (such as numbers, letters, and/or words), which they enjoy manipulating (counting, adding, or making up little stories or poems). Many of these children are excellent at manipulating toys and doing puzzles. Their ability to put together construction sets, puzzles, and other problem-solving games that depend on manipulation is limited only by their tendency to repeat endlessly the same task. Repeating tasks in this way helps them to master some skills, but it also limits their opportunity to learn other skills.

Some psychotic children have a fantastic memory. Some, in fact, don't seem to be able to forget anything that has ever troubled them. For example, Kenny's favorite phonograph record got a crack in it. Kenny continued to look for that crack and complain about it, long after the record had been replaced. His concern about the damaged record persisted for a long time, and came out during activities that were in any way related to record playing. Other psychotic children seem to remember random facts, which they string together in a way that may have little meaning to the listener.

Psychotic children have definite preferences for toys and will usually do well with those toys that appeal to them. They may become deeply involved with their play, and continue with a task no matter *what* is happening in the room. In fact, they are apt to get upset when they are stopped, unless they are encouraged to move from one activity to another without having to give up the first (for example, taking the toys they have been working with to the snack table). You can facilitate the learning experiences of these children by having their routines remain the same, keeping the toys and materials in a consistent location, and having the people who are important to them remain a constant part of the preschool staff.

Perception of the World

Children with psychotic disorders may seem **too sensitive** or **not sensitive enough** to such stimuli as sights, sounds, tastes, touch, pain, and temperature. Some children may overrespond to the tactual feeling and/or temperature of objects. Others may not respond at all.

Sometimes there may be rapid shifts in the sensitivity of one child. At times he or she may be unresponsive to high degrees of stimulation. At other times the child may seem completely overwhelmed by even a mild degree of the same stimulus.

Sequence and Rate of Development

The most striking quality of psychotic children is that they don't seem to develop and act in ways typical for their age. Sometimes they may seem to be generally delayed in everything. Most often, however, what is striking is the unevenness of their progress.

Their functional development is generally very uneven in nearly all skill and behavioral areas. A child who handles his or her body very well may be very late in learning to talk. Another child may learn to talk almost perfectly at a very early age, but have no idea of how to use words to communicate with other people or to get what he or she wants. At times a child may use language with clarity of meaning. At other times the same child will seem unable to use language at all.

Psychotic children rarely function in a whole and integrated manner. This quality accounts for the colloquial and unkind terms that are often used to describe such children. "Crazy," "cracked," and "mental" refer to the broken and fragmented functioning of these children's minds.

62 Speech and Language Skills

In general, a psychotic child seems either to avoid communicating or to be unable to communicate. Many psychotic children can be taught communication skills. However, they will only use these skills on their own when they begin to relate to others. Other psychotic children may never learn to talk.

Some psychotic children may show that they do understand and can use language in an imitative way. They may echo the end of whatever is said to them, and speak in an artificial, parrot-like voice that does not express feeling or have the normal rhythm and inflection of a sentence. Some may repeat rhymes and the words to television commercials as though they made up a private language. Sentences may be strung together that have little meaning to the listener. For example, at lunch, the teacher asked Tilly if she wanted more carrots. In a high-pitched voice, Tilly repeated the teacher's words exactly: "Do you like more carrots, Tilly honey?" and then shouted a complete advertisement about a supermarket. While there was no apparent connection between the supermarket advertisement and the children's lunch, Tilly did seem to be trying to respond and communicate.

Psychotic children tend to confuse words that are associated with each other (pail and shovel, for example). Some may use odd "code words" to refer to things. While many children may do these things when they are first learning to speak, they usually correct themselves as they get older, whereas psychotic children do not. Psychotic children also typically confuse "you" with "I."

The body language of psychotic children communicates their isolation from and fear of people: no social smile, no eye contact, and turning or moving away from people who try to approach them. They communicate their confusion by getting upset when they have to deal with change, but their concentrated play also communicates their real ability to enjoy manipulating and learning.

Psychotic children often seem to enjoy manipulating and learning.

Social Skills

Psychotic children rarely develop meaningful relationships with other people. Most avoid contact with others. They may not smile, make direct eye-to-eye contact, or reach out to be picked up. Some may become overly attached to one person and frightened of all others. Some may cling to adults during times of distress, but refuse to relate at any other time. Some may seem unable to distinguish at all among different people. Still others may seem completely unaware of the existence of others, or may prefer inanimate objects to people.

Other children can usually adjust to a psychotic child's avoidance of contact. They can play side-by-side with no problem, unless or until the psychotic child becomes destructive and unpredictable. Such outbursts should be explained as clearly as possible to other children when the child enters the class. Of course, you will want to help the child to limit these outbursts as much as possible.

Motor Skills

Gross and fine motor coordination may or may not be well developed. In either case, psychotic children tend to use their bodies in very strange ways, such as walking in circles, rocking back and forth, moving their arms up and down in flapping motions, and so on. They may walk pigeon-toed or glide gracefully about the room. Some psychotic children spend long periods of time in what looks like an uncomfortable position. Others may sway back and forth a lot. Still others may walk around and around the room in exactly the same order (from the block shelf to the piano, to a certain chair, to the painting easel, to the block shelf, to the piano, and so on) unless someone stops them. They seem to move for the sake of moving, rather than use movement as a way of getting from one activity or place to another.

Some psychotic children are able to use their hands with very good control and can manipulate toys skillfully. They may repeat a body skill endlessly, however, until they are helped to move on to something else.

Psychotic children often use their bodies to comfort themselves (as in rocking or rubbing) and also to express strong feelings. When they are upset they may hurt themselves until they are stopped. For example, a child may rhythmically bang his or her head against the wall or floor, or bite or hit him- or herself.

Self-Concept

It is difficult to get an accurate picture of how psychotic children feel about themselves. These children do not respond well to tests. Their responses are so inconsistent and uneven, when they respond at all, that professionals are unable to get a clear picture of their functioning.

From all appearances, however, psychotic children have a poorly defined sense of self. Sense of self can be defined as knowing where one's body and thoughts stop and the external environment begins. Typically they may, for example, seem confused or angry upon seeing themselves in a mirror.

Besides having difficulty separating themselves from the environment, psychotic children seem to have difficulty sorting out what is real from what is make-believe. Unlike other children, who may *pretend* to be an animal or a car, some psychotic children insist that they *are* a "kitty" or a "steam shovel."

Psychotic children, however, seem to be aware of the difference between pleasure and anger, caring and hostility, in themselves and in others. For example, Carmen was told firmly by her teacher that she must stop throwing blocks in the air, "because I do not want you to get hurt." Carmen raised her arm over her head and shouted, "Be kind to yourself!"

Medication

Drugs are sometimes used to help emotionally disturbed children control the behaviors that are causing them problems. Within Head Start and other preschool programs there are generally few emotionally disturbed children who require medication.

Project Head Start's policy regarding the use of medication is the following:

> **Whenever possible, arrangements should be made with the family and the physician to schedule administration of medication during times when the child is most likely to be under parental supervision. Otherwise it is the responsibility of the Head Start director or his/her designee to supervise the administration of medication in accordance with state requirements as to specific personnel who are designated to dispense drugs and be accountable for them. In addition, over-the-counter drugs (e.g., aspirin, nose-drops) should be administered only by personnel who are knowledgeable about their use and side effects. Other drugs must not be given unless they have been prescribed by a physician for a particular child. All medication must be adequately labeled. Drugs must be stored out of the reach of children and prescription medications must be kept under lock and key. Before any medications are administered, recorded parental consent must be on file. Special precautions are of particular importance when treatment for a specific handicapping condition requires administration of potentially harmful drugs (e.g., anticonvulsants, amphetamines).**
>
> (Transmittal Notice 73.4, 2-28-73, pages 9 and 10.)

This section discusses why and how drugs are used and how you may help a child who is taking medication.

Who Prescribes a Drug?

Before any drug is prescribed, a disturbed child should be thoroughly evaluated by a medical doctor, usually a neurologist. This evaluation generally includes a physical examination as well as psychological testing. Sometimes observations by a psychologist or experienced educator who works with the child provide useful supplemental data for the doctor.

Medication can help some children perform tasks better by allowing them to concentrate better.

How Is the Proper Dosage Determined?

The amount of a drug (dosage) that a child takes is based partly on age and body weight. Most doctors start out by giving a child a small dose to see what effect it has on behavior. The doctor works closely with the family to find out what dosage is suitable for changing the behavior without producing side effects. The dosage may have to be increased to bring about the desired change. As the child grows bigger and heavier, the dosage may have to be increased to maintain the same effect. In cases in which the child's behavior and functioning improve, the dosage may be decreased and eventually eliminated.

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What Should You Know When a Child Is on Medication?

1. You should always be informed when a child begins to take a drug, and when the dosage is changed.

2. The person who administers the drug and others who work closely with the child need careful instructions about how, when, and how much of the drug to give, the side effects to watch out for, and the expected effects on the child's behavior.

3. You, the child's parents, and the doctor must keep in close touch with each other to compare notes about how the drug is working.

4. You should know whom to call with questions and in case of emergency (usually the child's doctor).

5. The drug must be kept in a safe place at home and the parent must be truly reliable about giving the recommended dose at a regular time. Nothing is more confusing to a child than to take a drug irregularly. One day the child feels controlled and able to engage in preschool activities; the next day the same child is unmanageable and thoroughly unhappy with everything and everybody. This is also hard on the teacher and the other children in the class.

What Goes Along with the Medication Routine?

Drugs should always be used in combination with a good educational program. Often a child needs individual tutoring and special work to learn the skills that he or she was unable to learn when his or her behavior was out of control. Nearly always, the family needs to talk with a counselor to learn more about the behavior and ways to work with it at home.

Used as part of a comprehensive plan of education, therapy, and family work, a drug can make the child more pleasant to be with, so that he or she can have more positive experiences with people and in learning situations. The drug is a temporary crutch that enables the child to experience success — sometimes for the first time. The increased attention span that a drug can produce allows a child to feel like a competent person who is able to learn and master new skills. Some parents have reported that the drug therapy enabled them to relax with their child for the first time, and to redirect their own energy toward other things that could help the child.

What Are the Problems/ Side Effects that May Occur?

1. A drug may sometimes mask another problem that needs attention. For instance, a child who comes to preschool hungry in the morning may appear very restless. Feed the child breakfast and observe his or her reaction. Sometimes a child is given a drug just to keep him or her quiet and out of trouble, while no one pays any attention to the real causes of the child's problem.

2. When a child first starts to take a drug, you may notice that he or she has a loss of appetite, is restless or cranky, or has difficulty falling asleep. If you notice that a child appears groggy, drowsy, poorly coordinated, or very irritable, he or she may be reacting adversely to the drug. Your observations should be reported *immediately* to the nurse, the child's parents, or the child's doctor.

3. Medication sometimes causes a child to grow somewhat more slowly in height or weight.

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Drugs and the Hyperactive Child

Children who are hyperactive are administered drugs more frequently than children with other kinds of emotional disturbance. These children can generally be helped a great deal by the use of drugs combined with a good therapeutic and educational program. The drugs normally prescribed for these children are stimulants, commonly called "speed." The effect of these drugs on children, however, is the opposite of speed: they appear to slow a child down so that he or she can concentrate better. The child becomes more able to keep his or her *mind, eyes* and *ears* on the task at hand. Body movements and thoughts can be organized more purposefully. The child does not jump or look around, wiggle, bounce, or tap fingers as much because the drug helps shut out irrelevant stimuli.

The drugs that are administered to young children for hyperactivity and distractibility are not habit forming when given properly. The amounts given do not cause addiction. However, as a child's body gets used to a drug, he or she may build up some "tolerance" to it. The dose may then have to be increased in order to continue to have the same effect on the child's behavior. Parents should be aware that the child's dosage may change. **This does not mean that the child has become addicted.**

Not all hyperactive children are helped through the use of drugs. Sometimes the drugs do not produce any change in their behavior. In these cases, the doctor generally discontinues the drug and explores other kinds of therapy more completely.

You may have seen articles in newspapers and magazines about situations in which thousands of school children were on drugs that had been prescribed over the telephone by doctors who had never seen the children in person. Drugs *can* be improperly used. Ask questions if a child in your class is taking a drug. If you have misgivings, speak to the child's doctor.

Chapter 6:

Mainstreaming Children with Emotional Disturbance

Mainstream experiences can help disturbed children learn about themselves and the world around them.

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This chapter provides suggestions on how to mainstream children with emotional disturbance in your program. Included are techniques for planning, ideas for classroom arrangements, general teaching guidelines that are useful for all children, and specific techniques and activities for use with emotionally disturbed children.

With any disturbed child in your class, there are some important steps to take.

1. *Get to know the child. Learn the child's strengths as well as needs.*

2. *Get to know the child's parents and work together with them. They can give you valuable suggestions. You can provide them, in turn, with ideas that you have found useful in working with the child.*

3. *Learn all you can about emotional disturbance. Read enough about it so that you feel comfortable, prepared, and confident. Talk to other teachers, parents, and friends who have worked or lived with disturbed children.*

4. *Avoid being overprotective, but be alert to the child's needs for support. If you do things for children that they can do on their own, the success is yours, not theirs. And if you ask them to do things they aren't capable of, they will fail. The best encouragement for learning and improvement is a good, solid success. You can create the circumstances that make this not only possible, but likely.*

Planning

The planning process for an emotionally disturbed child has the same purpose as for other children: to help you map out a course of action for working with the child. This process calls for the involvement of several people: the teacher, the parent or parents, Head Start staff representing the various service components, and service providers from outside agencies.

The goal of the planning process is to produce an Individualized Education Program (I.E.P.) for the child, which is now required by Public Law 94-142, Education for All Handicapped Children Act, and by Head Start Performance Standards. Based on an evaluation of the child, the Individualized Education Program states the child's present level of educational performance, the annual goals and short-term instructional objectives for the child, and evaluation procedures for determining whether instructional objectives are being achieved.

From the point of view of Project Head Start, the planning process is as follows:

1. An interdisciplinary team is required to make two kinds of diagnoses: a categorical diagnosis and a functional diagnosis. A categorical diagnosis is simply a statement of the kind and severity of the child's handicap. This kind of diagnosis is useful to you only for reporting or record-keeping purposes. A functional diagnosis or assessment is a developmental profile that describes how the child is functioning, and that identifies the services the child requires to meet his or her special needs.

2. Based on the functional assessment, an **individualized education plan** is to be developed for the child. This plan describes the child's participation in the full range of Head Start services, and the additional outside services that are needed to respond to the child's handicap.

3. Periodically, **ongoing assessments** of the child's progress are to be made by the Head Start teacher, the child's parents, and (if needed) by the full diagnostic team. If these re-evaluations show that the child's individualized education plan or the services he or she is getting are no longer appropriate or needed, they should be changed to suit the new circumstances.

4. When the child leaves the program, Head Start should make arrangements for the **continuity of needed services** in elementary school. This can be done in a variety of ways, but usually involves holding a conference with parents, the school, and service providers. The elementary school should be given a description of the services the child has been receiving, recommendations for future services, and the child's records from preschool.

As the child's teacher, you are involved in many of these procedures. Your part in the process is described in more detail in the following six steps. These steps are just as useful with non-handicapped children as they are with disturbed children.

Step 1: Observe each child in a variety of activities, identify strengths and weaknesses, and record your observations.

Step 2: Set objectives based on what is reasonable for the child to achieve.

Step 3: Select classroom activities and teaching techniques that can best help each child reach the objectives. Seek outside assistance as needed.

Step 4: Develop the plans with the child's parents and specialists.

Step 5: On a continuing basis, observe, evaluate the child's progress, and develop new objectives.

Step 6: When the child is ready to leave Head Start, make plans to ensure that there is continuity of needed services with the public school.

Each of these steps in the planning process for handicapped children is discussed in greater detail below. For help in individualizing your activity planning for disturbed children, see the activities section, page 96.

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Observe

The process and purpose of observing is the same for all children. The purpose of observing a child is to identify the child's **developmental level** — the level at which the child is actually functioning. This can tell you much about the child as an individual. Progress is made by building on the child's strengths and working on areas that are weak. As you observe the child in a variety of activities, you should take careful notes. Another name for this process is assessment, or evaluation. Evaluation is particularly necessary and useful to the planning process because it makes you aware of the basis for what you do in the classroom. The following example describes a situation that calls for evaluation.

Giving up too easily may be one indication of an emotional problem.

Margo

At the beginning of the year, you meet five-year-old Margo. An obedient little girl, Margo always does everything you ask of her, silently and efficiently. She almost seems like what some teachers would call "a model pupil." There is, though, one thing that troubles you about Margo's behavior. She seldom plays with other children and almost never stands up for her rights. She allows other children to take away toys she is playing with, without even a word or gesture. When snack time comes and the little boy sitting beside her snatches away her crackers, she moves silently away from the table and begins thumbing through a picture book. Margo is a child you need to observe closely. Although her behavior isn't disruptive to you or other children in the class, her behavior does seem unusual.

You think that there are several possible explanations for Margo's behavior. Maybe Margo is just shy and has been used to playing alone at home. This suspicion is confirmed when you observe her in other social activities and when you talk with her mother. Maybe Margo really isn't hungry at snack and so gives up her share easily. But soon after snack she comes to you to ask for cookies and juice. Maybe she has never been away from her parents before, and just needs a little time to adjust to preschool. You notice she says goodbye to her mother fairly easily in the morning, and doesn't seem very upset after she has left. But since you know that children often hide separation anxieties, you want to watch her closely.

Several weeks pass and Margo seems to be moving further and further away from playing with other children. The more assertive children seem to be taking advantage of her. At this point, you begin to think something is seriously wrong with Margo, for her unusual behavior is continuing and, in fact, getting worse.

You start to keep notes. You write down all the behavior that seems unusual: what the circumstances are and what Margo does. Your careful observations and the notes you keep are the best beginning for figuring out what the problem could be.

Anyone who works with children can be an observer in this way. If you notice a problem in a child, try to figure out possible explanations for it. Test each explanation to see if it accounts for what you have observed and reject ones that don't fit the facts. Gradually, you can narrow down the possibilities. You may find yourself with one or two possible explanations of the problem or you may still not know. At that point you may decide to seek help.

How to Observe

Observation is a technique of focused looking and listening to what people say and do. Using observation as a tool for learning about children involves being systematic, watching for patterns, and using the information.

Be Systematic

Your first step is to decide what you want to observe. Thinking about Margo again, for example, you remember that in the dress-up corner Margo sat to one side, half watching the other children but making no attempts to join them. Since you know that dress-up requires social skills, you want to observe how she handles other activities that require such skills.

You next think of other activities that require social skills. They might include being a character in a play, taking turns on the tricycle, talking to other children, and participating in "Circle Time" or "Show and Tell." You will want to observe Margo when she is doing these things.

Your observation notes should include several kinds of information:

- What the activity is: snack, for example, or sand table.
- What is happening around the child. ("The room was noisy. A new child entered our classroom today. The playground was crowded.")
- The *details* of what Margo does and how she does it. ("Margo seemed to ignore Jeff today when he asked her to help him build a castle with the tinker toys. She turned away from him and walked to the other corner of the room.")
- How you think the child is feeling. This information is harder to come by, because you can never really be certain about how someone feels. You can only listen, observe, and try to draw some logical conclusions. (If Margo keeps saying, "I need my Mommy," you might write "Margo seems unusually lonely and worried today." If she smiles when you say that you will catch her at the bottom of the slide, you might write, "Margo seemed relaxed about playing on the slide today.")

You continue to observe Margo's skills regularly enough and long enough to get a sense of how she is functioning.

74 Here are some general tips to help you be systematic as you observe.

1. Note details

It is very important to write down specific, detailed observations that focus *exactly* on what the child does. For example, if you write down, "Margo sat in the corner all day," this could mean that she was tired, she didn't want to join the activity going on, she didn't like the other children, or a number of other possibilities. However, consider this version: "Margo sat in the corner by herself during circle time, cooking, snack, and rest period. She stared at the other children while they played. Twice she started to get up, as if to join them, but sat down again." These notes would be immensely helpful both to you and to a trained diagnostician, who would recognize that they could indicate a problem.

For information to be useful to you and others, it must be specific.

2. Write down the details as soon as possible

Write down what you see as soon as possible, since it's easy to forget quickly the details of a child's behavior in a particular circumstance. Details are important: they describe a child's individuality. They are also the best indicators of a child's needs. When you make notes, try not to be obvious about it. Write them down away from the child.

3. Plan a realistic schedule

Your observations should be scheduled, just as your activities are. Observe and make notes as often as necessary to get a full picture of what the child does easily and has problems with in the skill area you are focusing on.

4. Vary the settings in which you observe

Children can behave differently in different activities and moods, so it's important to observe a child in a variety of situations. Observe the child on the playground and in the classroom. Observe the child as he or she plays alone, with other children, and with you and other adults. Observe the child when he or she seems to be feeling happy, sad, tired, rested, friendly, and angry, because these feelings affect the child's behavior.

5. Vary your observer role

You might also try to vary your role as an observer. You can act as a spectator-observer, watching but not participating. For example, you can observe from the side of the room while another adult manages the classroom activities. Or you can be a participant-observer, taking part in the activity with the child. It is usually easier to observe as a spectator, so you might try this method first. Again, be careful not to call attention to yourself as you observe, otherwise the child might not act naturally.

6. Start by observing one child at a time

As you become more experienced in observing, you will probably find that you can observe more than one child at a time. It's best not to try to do this, however, until you are pretty sure you won't get confused, or miss or forget important information.

Watch for Patterns

Watching for patterns is an important part of observation. You may notice that a child sometimes hits another child, seems unusually dependent on you, or is particularly attached to one toy. All preschool children act in these ways from time to time. What you want to know is whether the child often or always does these things. Carry a piece of paper and a pencil around with you and keep track for a few days. Be sure you are objective (factual) about your observations — try to keep your own feelings and reactions separate. In this way, you will be able to see the patterns that point to the particular skills with which the child needs help.

Going back over all the notes you have made can help you discover patterns you didn't see before. You should review your notes on a regular basis. The information in them can help you identify new skill areas and behavior you might want to find out more about, either by observing or by other assessment methods.

Use the Information

Once you have observed a child systematically, written down your observations, and reviewed your notes, you will be able to identify areas of strength and weakness in the child's skills. This information can be used to develop objectives for the child, and to select activities and teaching techniques that meet the child's needs. This information can also become a basis of discussion with other teachers, the parents, and the specialists.

For example, when you review the observations you made about Margo, it becomes clear that she does have a problem with social skills. In particular you notice that she has a lot of trouble in group games. Since your objective is to improve Margo's socialization during group games, you select activities that involve this skill. However, it would be unfair and unrealistic of you to expect Margo to feel comfortable in a group right away, so you will have to modify the activity. You may first want to encourage Margo to play with one other child, perhaps someone she especially likes or who likes her. As she learns to play successfully with one child, you might want to introduce another child into the play activity.

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Set Objectives

An important part of the planning process is developing individual objectives that will lead to the maximum development of each child. The objectives need to be realistic in terms of the purpose of Head Start and the program's staff and time resources. Most important, the objectives should be developmental objectives. In other words, you can't expect to make a disturbed four-year-old function exactly like most other four-year-olds, but you can help the child progress to his or her next developmental level.

Here are some guidelines for setting objectives.

1. Develop specific objectives

When you have gotten together your observations, you will find some areas of strength and some of weakness. This information becomes useful when it is translated into what the child *needs*. State objectives in terms of observable skills and behaviors that the child needs to learn for effective functioning. Start with what the child does well and use those abilities as a bridge to new learning.

For example, your objective may be to increase Edgar's vocabulary. Since you have observed that he enjoys music and easily learns new songs, you deliberately select songs that have new words for him to learn. In addition, you encourage Edgar to make up songs that tell a story or to add new verses to songs he already knows.

Or your objective might be to help Mary Ellen interact with others without conflict. From observation you know that she is particularly skilled at building with blocks. In the block corner you set up a project that involves Mary Ellen with a small group of other children. You set a task that necessitates cooperation among the children.

Some teachers believe that setting a target date for the achievement of each objective helps them to measure a child's progress. Others feel that setting a target date is unrealistic and serves little purpose. Children, after all, will only master a skill when they are ready to do so. Pushing toward a target date can sometimes put teachers in the position of expecting the child to accomplish something he or she is not ready to do. On the other hand, it is important to keep setting objectives and to observe a child's progress toward reaching them. If there is no progress at all, it may be that you should try another approach or set a different goal for the time being. You can go back to working toward your original objective when you can see greater readiness on the part of the child.

Some disturbed children will need to be shown how to play with other children.

2. Develop both long- and short-term objectives

Set long-term objectives first; then work backward and set short-term objectives. For example, developing trust may be your long-term objective for Tony, so that he can separate easily from his mother at the beginning of the preschool day, share a favorite toy with another child, or talk with you about something that is troubling him. Short-term objectives include helping Tony to become comfortable in the school setting (trusting the new environment) by helping him to become involved in pleasurable activities, by offering praise for his accomplishments, by demonstrating care and support when he seems frustrated, or by assisting him whenever necessary.

Keep in mind that setting both long- and short-term objectives in your work with emotionally disturbed children can be difficult. You need to be flexible and to stay alert to the child's progress and to new strengths and needs as they emerge.

Select the Program, Activities, and Techniques

If your Head Start program has several program options, you need to consider which one can best meet the objectives you have set for each child. For some disturbed children, a full-day, center-based program is best. For others, a part-day program combined with a home-based program or a special class might be best. The particular combination of Head Start and other services that is best and the amount of time spent in each varies from child to child. It is a good idea, however, to start off by *expecting* the child to participate in *all* Head Start activities along with the other children. The child's program can then be revised, if and when it becomes necessary.

To make it possible for disturbed children to participate in all your usual classroom activities, think about ways to adapt them and prepare them differently. You can use a variety of teaching techniques to make sure the child gets what he or she needs. For examples, look at the activities in this chapter.

6

Develop Plans with Parents and Specialists

Parents

Sometimes it is hard for parents to recognize changes in their child from day to day. In the classroom you have the opportunity to see a child for long stretches of time, to observe the child performing a wide variety of activities, and to compare each child with many other children. For these reasons, you can observe a child's daily progress and set realistic objectives based on your observations. On the other hand, parents know a great deal about their child that no one else can learn simply by being the child's teacher. Moreover, for education to be effective, parent and teacher goals for the child need to be consistent so that both are working as much as possible, in their different roles, toward the same end. Develop your plans with parents. Share with parents the progress their child is making in your classroom and ask them to share with you the child's accomplishments at home. As you work together with parents, you might invite them to observe the program and to assist in class activities.

Specialists

Specialists typically see a child for short periods of time doing a limited number of tasks, and interacting only with themselves and the parents. Sharing your observations with specialists can provide them with valuable information on the child's activity in a more normal setting. In turn, the specialists can help you understand what limits the handicap imposes on the child's activities, and may be able to help you develop objectives that are based on the child's needs and abilities.

Continue To Observe, Reassess, and Make Adjustments

While a formal assessment of each child's development and progress may occur only once a year, you should aim for more informal evaluations much more often. (Remember how quickly children change at this age, especially in a stimulating classroom!) As you observe and record regularly a disturbed child's responses in major skill areas, your understanding of that child and the effects of the emotional disturbance will grow. Keep in mind the objectives toward which the child is moving, and how much progress has been made.

Refer often to your past observations, and look for patterns in skill areas and other behavior. If, for example, a child shows a pattern of silently withdrawing from group activities, consider whether you have seen some improvement in this area. Try to figure out which activities the child has enjoyed most and which ones seem to have caused the most improvement. Try to include more of these kinds of activities in the future.

Step 6:

Continuity Between Head Start and the Public Schools

With the Education for All Handicapped Children Act, public schools will increasingly be providing the benefits of mainstream classrooms and special services to handicapped children. After being in a mainstream preschool classroom and receiving special services, emotionally disturbed children will need to have these advantages continue. There are several things you and a handicap or social services coordinator can do to contribute to the continuity of the education that a disturbed child has been receiving in your program.

Observe carefully and record information.

- Some Head Start programs have developed formal relationships with the public schools in their areas, to assist in the transition between preschool and elementary school. If your program has no formal relationships with the public schools, you might explore the possibility of establishing them. Your program director or handicap coordinator will know where to go for suggestions on how to achieve this.
- Educational continuity is made easier if community providers of special services to Head Start children continue to provide them to these children when they go on to public school. Before a child leaves Head Start, you can discuss the child's future plans with the specialists who have been working with him or her.
- The participation of parents in the education their child has been getting in Head Start is a valuable foundation to build on. Encourage parents to continue their involvement and to make sure that the child receives needed services in elementary school.
- Finally, you can keep in touch with the child and his or her family after the child leaves your classroom. A telephone call or a visit to find out how things are going will be appreciated by the parents. If the child is having problems, your suggestions on how to deal with them would be welcomed.

6

The Physical Setting and Classroom Facilities

No two Head Start programs have the same classroom facilities, and few of them have ideal physical settings. But wonderful learning environments often exist without modern buildings, fancy furniture, or expensive materials. The children and the staff really make any preschool program.

By and large, most handicapped children *don't* require special classroom arrangements or extra materials. You can adapt and reorganize the materials you already have to meet the needs of disturbed children. Basically, the classroom should be arranged to suit the ways you use it every day, with modifications to suit the special needs of a disturbed child. These modifications should not be necessary very often, and they are sure to be minor.

There are moments when handicapped children need special help in dealing with the physical setting of the classroom. Such help should be given freely. In general, arrange your room so that the child can explore the space and use the materials with as little assistance as possible. Here are some suggestions that are useful with *all* children. They are particularly helpful for children with handicaps, including emotional disturbance.

Clear Traffic Patterns

If you have a child in your program who is overly active, who rushes around with apparently little forethought, or who gets confused easily, clearly defined traffic patterns are essential. Making a floor plan before the beginning of the program year may help you to recognize and correct traffic problems before they happen. Don't overlap traffic routes and activity areas — this will disrupt the children who are involved in the activities. Make sure there is enough space between furniture groupings to keep "collisions" to a minimum.

Start Simple

Keep your room arrangement as simple and uncluttered as possible, especially at the beginning of the year. As the children get used to it and learn to handle a more complex environment, you can gradually increase the amount of materials and number of activity areas. The use of well-defined and consistent space patterns will avoid confusion and help the children become familiar with the classroom organization. The space in which each activity occurs should be clearly marked.

For example, you might want to put masking tape on the floor to indicate the big block area, the housekeeping corner, and other areas. Other space cues, such as cabinets and movable partitions, can be moved around as needed. Mark storage areas clearly. Make sure children know where they are and what belongs in them, and can get at them easily. Be consistent about where materials are kept and where activities take place.

Noise Level

Avoid placing noisy activities next to quiet activities. Noise and movement distract some children from quieter tasks. Noise interrupts the rest breaks that some handicapped children need. You will need to determine what noise levels are most comfortable for disturbed children. Some children may feel uncomfortable in a quiet room. For others, a noisy room is hard to tolerate. Try to provide quiet places in the room, perhaps sectioned off, for the child with a low tolerance for noise.

Individual Space Cues

Some children aren't used to sharing (or don't seem to want to share) a room with a lot of other children. They may use more than their share of the space. You can use physical signals to limit their movement. For example, when Sean sits in a circle, he might extend his legs and kick the child next to him. To avoid this, try a masking-tape "x" or a rug square on the floor where Sean is to sit. A file cabinet or a bookcase can be strategically placed to define the space you want a child to occupy. More subtle cues, such as a friendly touch or placing a disruptive child directly in front of you, will also help limit children's movement.

In general, the more obvious the space cue, the easier it is for the child to understand. As the children learn to use space properly, you can gradually eliminate the more obvious cues (rugs, tape), and substitute a less obvious one (a spoken reminder).

Even the spoken reminder will no longer be needed when the child learns and accepts the limits of his or her own space.

Personal Places

There should be a quiet place available where children can go on their own. Some classrooms have cubbies where children keep their personal belongings. These are sometimes large enough to be used as nice "escape hatches." You can even rig up a curtain that can be drawn across the cubby, if the child would like this. Try to arrange your book area so that it is soft and comfortable, and has private nooks and crannies.

Everyone needs to get away from it all every once in a while.

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General Teaching Guidelines

There are many good ways to teach. Because of your personality, temperament, and values, you have developed your own individual teaching style, which is reflected in the activities you choose, and in the ways you interact with children. Good teaching techniques are often the same for the education of any child, whether handicapped or non-handicapped. So it is best not to try to change your natural teaching style for a disturbed child. It will only serve to make both you and the child uncomfortable.

With disturbed children, you will want to apply your teaching skills consciously, using those skills that most effectively serve the needs of the child. You do much the same for every child. But since children who are handicapped have problems that seriously interfere with overall performance, they require extra consideration. Below are some basic principles that you may already know and use with *all* children. They are particularly useful in working with children who have handicaps, including emotional disturbance.

1. Understand Your Feelings and Keep Trying

A couple of weeks before preschool opened in the fall, Ms. Lazon was asked to take responsibility for Linda, a four-year-old disturbed child who was about to enter the program. For two weeks Ms. Lazon had thoughts like these:

> Me? I've *never* worked with a disturbed child before. I won't know what to do with her. She'll just be a nuisance and create problems for all the other children. Her parents will see I don't know what I am doing. What should I do if she tries to hit me? Who will help me with her? How will I be able to have enough patience to tolerate her temper tantrums? Why wasn't some other teacher chosen for this? Everybody will see I don't know how to work with this child, and I'll be embarrassed. If I try something and it doesn't work, what on earth will I do then?

If Ms. Lazon had spoken with other staff members in her program about these worries, instead of keeping them to herself, she might have felt less apprehensive and more confident of her ability to manage Linda. Talking with the director of the program, she might have been able to find out more about the specific behavior that Linda was likely to show, and what kinds of help were available to her. She could have learned about materials to obtain, educational sessions to attend, and organizations, hospitals, or clinics to contact for special help.

Starting Out

Some adults are nervous and worried about working with a handicapped child for the first time. This is a typical reaction when they don't know the child very well yet (if at all). As a result they sometimes start out thinking of the child as a "*disturbed* child." As they spend time with the child, watch the child, play with the child, and provide warm and caring direction, they usually find that they have begun to think of the child as a "*child* with an emotional disturbance," and soon they think of him or her as a "*child*," plain and simple.

Your first efforts working with the child may not all be successful — this is to be expected. You may feel frustrated and guilty. If something goes wrong (as things do from time to time), figure out what happened, and keep it in mind for the next time.

Don't expect miracles. No one is asking you to solve all the child's problems, or to make the child into the friendliest child in the class, or into the most liked or most successful. Sometimes, even with the very best help from you, the staff, and specialists, a child just doesn't make as much progress as hoped. This was true of Sammy, a child with very serious problems.

Sammy

Sammy is a four-year-old with emotional disturbance. Although the teachers knew how difficult it would be to work with him, they accepted him into the program because they had been able to help other disturbed children.

When Sammy started the program, he was hard to manage. He yelled, pushed children out of his way, and refused to do what was asked of him. He couldn't sit still. He sometimes got so angry he lost all ability to speak and would pound his fists on the worktable.

But every now and then, Sammy did seem to do better. He had peaceful moments, and he kept still long enough to play at the water table. He made several approaches to play with other children. He could listen to a very short story if a teacher held him on her lap. Sometimes it looked as though a breakthrough was about to happen.

But then the next day, Sammy would go back to his old behavior — or worse. Although his teachers were discouraged, they tried to be even more sensitive to his needs and moods. They had regular staff meetings about Sammy. They asked a number of specialists for suggestions and advice. They scheduled regular sessions with some specialists. They worked closely with his parents.

But in spite of all their efforts, nothing worked. Sammy's problems are as serious now as they were on his first day in Head Start.

Some children, like Sammy, seem to progress very slowly. All you can do is your best to try and help. There will be times when you will be disappointed and upset. However, there will also be many times when you will succeed in helping these children develop and change.

Some children's behavior problems improve very slowly.

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2. Classroom Personnel

Aides and volunteers play a key role in all Head Start programs, and their assistance should be included in classroom planning for children with special needs.

Aides

Your aide or assistant helps you teach activities and work with children individually. This help is especially valuable if you have an emotionally disturbed child in your class who needs special attention and assistance. Aides should be included in developing educational objectives for the child and in ongoing planning. Both you and the aide should agree on what the aide should do, and *why*, to help the child learn and play with other children.

It is not a good idea to have the child work constantly with only one adult. This isolates the child from other children, defeating the purpose of mainstreaming. Some children, however, will need the security of an attachment to only one adult in the classroom before they are able to work with several adults. You may want to assign an aide to work with such a child for a while.

On the other hand, other problems can be created when a child has too many caregivers who come and go. This makes it hard for the child to form emotional attachments. Children learn better with the reassuring presence of a few people they know and care about.

Care for the child should therefore be shared among several adults and individual attention should be limited to what the child needs so that he or she is not separated from the group too often.

Volunteers

Experts have varying opinions about whether volunteers should work directly with handicapped children. If a volunteer has been trained in the field of emotional disturbance or has worked extensively with disturbed children similar to those in your program, *and* if that volunteer is able to make a regular, long-term commitment to working with a particular disturbed child, his or her contribution can be very valuable. If a volunteer does not meet these criteria, it may be best for that person to work with other children, freeing the teacher to spend more time with children who have special needs.

3. Breaking Down Skills

Every skill is really composed of many sub-skills — there is no such thing as a one-step activity. Skills such as role playing, sharing a toy, throwing a ball to another child, or joining in group activities consist of many sub-skills.

Some children can master a new skill very quickly with little help from you. These are children who already know the sub-skills and can use them in performing the new skill. Handicapped children, however, don't have some of the sub-skills necessary, and need to be taught them before they can succeed at the overall activity. Children with emotional disturbance have this problem in many skill areas.

For these children, you can break down the activity into sub-skills that can be learned at their current skill level. For example, if you want to teach a child to share a toy, you should make sure that the child knows the meaning of "my turn" and "your turn," has the ability to wait and delay gratification while another child uses the toy, and is willing to share the toy with another child. Or, if you are trying to teach a child to throw a ball to another child, the child must understand the concept of exchange, must be able to get the attention of the child to whom he or she is throwing the ball, and must possess the fine and gross motor skills necessary to throw the ball.

4. Sequencing Activities

In addition to sequencing skills within an activity, sequence a series of activities. Start with simple activities and gradually increase the level of difficulty as a child learns.

For example, Shana wanted to use a tricycle that Amani was using. She rushed over, began pulling the tricycle, and screamed at Amani, "Get off! Get off!" To help Shana learn a more appropriate way of expressing her desire to use the tricycle, the teacher might sequence the activity as follows:

- Hold Shana's hand (restraint), and try to explain the meaning of "my turn" and "your turn."
- Give Shana a concrete way of knowing when it is her turn, such as "when Amani has finished riding" or "when all the sand on this little timer is at the bottom."
- When it is Shana's turn, demonstrate to her how to go about getting the tricycle. For example, say to Shana, "Tell Amani that his time is up and you would like to take your turn now."

Be sure to demonstrate to a child how the skills learned in one activity can be used in others. A disturbed child may need to repeat a sub-skill, a skill, or an activity several times with your help and several more times without it, before moving on to new activities at a more difficult level.

"Tell Amani that his time is up and you would like to take your turn now."

5. Pacing

Plan your day so that the activities are varied. Alternate between active and quiet activities, between organized projects and free play. When you teach new skills, present them first in familiar contexts, along with some skills the child already has. This lessens the child's uncertainty and frustration.

A child with emotional disturbance is especially sensitive to the pace of the day. Some disturbed children tire easily, and may need more quiet time than other children. This doesn't necessarily mean a nap — often ten minutes alone in the book corner may be enough. Also, the child's attention span may need training and strengthening if he or she isn't used to preschool. If a child's attention span is short, make the activities short, too. You can lengthen them as the child learns to pay attention for longer stretches of time. Finally, there should be extra time available for the child who needs more than one turn to understand or to do something. Providing time for that extra turn or two can mean the difference between success and failure.

6. Grouping

Children with special needs are sometimes isolated from other children outside of preschool. One of the benefits of mainstreaming is that it offers these children the opportunity to play with other children and to learn a new skill by seeing someone else do it correctly. You can plan and organize your learning situations so that this interaction, called "peer modeling," can occur. In areas where a handicapped child is weak, another child (a peer) who has the skill can act as a model. Likewise, in areas where a handicapped child excels, he or she might be paired with a less skilled child.

No child, handicapped or non-handicapped, is good at everything or bad at everything. All children should have the opportunity to give help to their classmates and to receive help from them.

Try very hard not to exclude a handicapped child from any activity that he or she can cope with and get something out of. Exclusion means isolation, and isolation means feeling different and bad. To include the child, give extra assistance or change the expectations for the child. For example, when the hamsters need to be fed, gather the children around and allow the disturbed child to hold open the cage door, if he or she is willing, while you put in the food. In this way, the child is a full participant in the activity, is not isolated, is not interfering with the other children, is having fun, and is also practicing needed social skills.

Individualized teaching does not mean isolating a child. Rather, it involves modifying the activity so that all children can participate within the same learning situation, in ways most helpful to each.

7. Children Helping Children

We have already mentioned the benefit of using children as models for each other. This principle applies directly to using non-handicapped children to assist you in mainstreaming children with special needs. Your youngsters will probably be eager to serve as helpers. This experience has a bonus: it helps them develop positive attitudes about handicapped people. In addition, their help will free some of your time for other responsibilities.

Ways in which non-handicapped children can help in mainstreaming a handicapped child include:

- **alerting a child whose attention wanders that the teacher is about to give a direction**
- **helping a confused or distracted child to organize his or her materials (for example, lining up the paper, paste, and scissors for an art activity)**
- **sitting close to an easily frightened child to provide comfort (for example, when the lights go out during a film-strip)**
- **introducing a new child to the physical setting of the classroom (for example, having one child show the disturbed child where the bathroom is)**
- **providing a child with opportunities to practice a newly learned skill.**

Peer helpers should be used often, and this includes using a handicapped child in areas where he or she excels. In this way, all the children will learn that they each have areas of strength and weakness. They will also learn that the need to receive help does not mean that they are failures, or are less worthy than those who offer help.

You may find there is a child in your class who is unusually responsible and enjoys being a big brother or big sister to a disturbed child. This is fine, but make sure thay you are not relying so much on your helper that he or she becomes a substitute teacher, or does more for the disturbed child than is needed.

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8. Avoiding Over-Dependence

It is sometimes hard to be accurate and realistic about what children are capable of doing for themselves. In the case of many children with special needs, it is all too easy to assume that they are more helpless than they really are. Seeing that they cannot do some things may make us think that they cannot do others.

Furthermore, some parents may have overprotected their handicapped child to make up for all the extra problems that their child has to deal with. This means that some children may come to Head Start expecting that everything will be done for them, simply because this is what they are used to.

Overprotecting a child hinders him or her from learning skills and behaviors that are important in gaining independence. You have to ask yourself: "Is this really impossible for the child? Could the child do it alone with more time? Could the child do it with more help from me?" Think hard, and be honest. It is tempting to do things for a clumsy child because you can do them faster and better. But if you are always the one who gets a desired toy, settles a disagreement, and turns the book right-side up, the child won't have the chance to try to learn to do these things. And isn't the child in your classroom so that he or she *can* learn to do them?

Being extra patient and giving extra encouragement to children who try to do things on their own will pay off many times in the future. You can help children think of themselves as able, not unable. When they grow up, they will be in the habit of expecting as much from themselves as they are really capable of.

9. Confidentiality

Making sure that confidential information stays confidential involves careful record-keeping and watching what you say.

Project Head Start requires programs to institute careful procedures, "including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition" (OCD Transmittal Notice N-30-333-1-30, "Head Start Services to Handicapped Children," February 28, 1973, page 6). The Head Start Performance Standards also spell out procedures to guarantee confidentiality of records:

- **Records must be stored in a locked place where unauthorized people can't see them.**
- **The Head Start director must determine which staff members can see which parts of the records and for which reasons.**
- **Parents must fill out written consent forms to give anyone outside of Head Start permission to see the records.**

These procedures are designed to make sure that all records on a handicapped child and his or her family are seen only by people who need to see them for legitimate educational or medical reasons.

Avoid copying down confidential information from the child's records. Limit the confidential information you do write down to what you need for working with the child.

You should not repeat confidential information about children or their parents, either to other parents or to staff members who are not working with the children. This is an invasion of the privacy to which all children and their parents have a right.

If you need to share confidential information with another staff member to help him or her work better with the child, have your discussion in a private place and limit it to necessary information only.

Teachers have sometimes been embarrassed to find that their comments about a handicapped child's family have been repeated to the family. Parents of children with special needs can be sensitive about this issue, and understandably so. Be discreet about what you say — and to whom you say it.

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Techniques and Activities

This section is in two parts. The first suggests specific techniques for working with emotionally disturbed children. It includes guidelines for improving self-concept, tips to keep in mind, how to handle transition times, how to set limits, and how to use physical contact as guidance. The second part describes how to modify a number of everyday preschool activities for use with disturbed children.

Teaching Techniques

There are a number of techniques that you can use to help emotionally disturbed children in your classroom learn better. This section discusses some of the more helpful techniques.

Improving Self-Concept

Self-concept is a term used to describe how a person feels about him- or herself. Children who feel able and valued by others usually develop a **positive self-concept.** They see their world as a friendly, pleasurable, and exciting place to be, and they are eager to try out new things. Because these children feel good about themselves and because they want to learn, they are often successful at what they do.

On the other hand, children who repeatedly meet with failure or with disapproval may begin to think of themselves as less able or valued. These children are more likely to develop a **negative self-concept.** They begin to see the world as an unpleasant and frightening place, where trying new things is scary. Easily discouraged, these children often feel that they can't possibly succeed. They may hesitate to try anything new or may devalue both their efforts and their products. Low self-esteem can cause children to fail over and over again because they *expect* failure rather than success.

A child's self-concept is affected by the people who are important to him or her. For example, if Jackie's parents and teacher think it is important for her to dress herself, she will enjoy their approval and feel proud of herself when she struggles into her snowsuit and boots. On the other hand, if Bobby's attempts to build a sandcastle are met with constant criticism, he is likely to lose interest in the activity, as well as feel incapable, frustrated, and humiliated.

Although poor self-concept is damaging to all children, it is a special problem for children with emotional disturbance, who may be very well aware that in some ways they don't measure up to the other children or that they don't fit in with the group. An anxious child, for example, may realize that he or she is uncomfortable in situations where other children join right in. Or a hyperactive child may be aware that he or she is the one who always causes accidents at the water table. These feelings can cause children to feel less valued or worthy than other children. This is why disturbed children are very much in need of successes. With successful experiences, these children will feel better about themselves.

The two most essential supports a teacher can provide to nurture a positive self-concept are:

- **helping a child to experience many successes in varied activities**
- **letting a child know that he or she is valued for his or her own self.**

Below are some guidelines you can follow to help children develop a better self-concept.

Think Positively About the Child

As you think about and plan your work with a child, focus on the child's *strengths.* Believe that the child's behavior can be improved upon and changed and recognize that your attitude toward the child plays an important role in what and how the child learns, and in how the child feels about him- or herself.

Help Others to Think Positively About the Child

Parents need to feel that they play a significant role in their child's learning. When you communicate to parents your appreciation for their child and his or her efforts and progress in preschool, parents are more likely to appreciate the child's efforts and accomplishments at home. Meeting with encouragement and praise from a variety of sources, children are more likely to try new, more challenging experiences.

Help other children in your class to think more positively about a disturbed child, too. Encourage them to include the child in their play. Design activities so that this can be done. Teach children by your example to treat others fairly and kindly. Encourage children to help a disturbed child learn necessary skills or behavior by being helpers or friends.

Work Positively with the Child

All children need to be shown that they are cared about and that what and how they do things *does* matter. Praise *progress,* no matter how small. Praise the effort a child puts forth even though the results may not meet your (or the child's) expectations. Be positive, even about failures. You can encourage success by saying, for example, "You tried very hard. With such good practice, I'm sure that you will learn how to do that soon." Be tender, accepting, loving, and patient. Use words and gestures to express your supportiveness. As children begin to feel better about themselves and more self-confident in their abilities, you may begin to see that they can manage by themselves more often. Just knowing that they are performing well helps them feel good about themselves. However, building a positive self-concept is a slow process and you will need to be patient. Some children will continue to depend on praise while others will gradually internalize your esteem for them and will feel genuinely self-confident.

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Tips to Keep in Mind

1. Make It Simple

When you are explaining something, keep your directions simple. Use only a few words. Speak slowly and clearly. Some disturbed children become confused when you tell them too many things at one time. Others will not be able to sit still for lengthy explanations.

Show the child how to do the particular task. Physically move the child through the task so that he or she begins to "feel" what to do. For example, if you are teaching an anxious child how to use the sand table, gently guide his or her hands through the sand to show the child how the sand feels.

Stand or sit close to the child during the task so you can help when needed (but only when needed!).

Reduce clutter and noise. Use materials that are clear and plain, with bold lines. Avoid materials that have confusing backgrounds or crowded pages.

2. Make It Short

Some of the disturbed children you work with will be very active. Some may get easily distracted. It will be hard for them to sit and listen. When a child doesn't pay attention, make sure that the activity isn't too hard. Most of us quit trying when we don't understand what to do. Some children also have problems when the activity is long, even when it is simple. Know when a child has had enough.

3. Keep It Organized

Help the children organize their world by providing structure for them. Plan each day so that it is balanced between quiet times and active times. Discuss the routine with the children. As you finish each activity, explain what comes next. You might even post a picture schedule to show the order and kinds of activities. Follow the same routine each day, so the children can anticipate the next activity.

Give clear directions, but only one at a time. Show the child how to do what you are describing.

Don't change activities abruptly. Let the children know that it will be time to stop "when the bell rings," "when the lights go off and on," or "when you hear music." This allows the children to get ready for the shift, and can help prevent tears and tantrums.

4. Teach It

It is typical for children to learn in informal ways. They pick up on lots of things that they see around them and soon recognize, know, and can respond to them. But children who are disturbed often have to be taught the appropriate responses that other children learn on their own.

With some disturbed children, it helps to use more demonstrations along with words. Don't just tell them how to do something; *show* them how.

Give the children lots of practice. Allow children to repeat the same activity in the classroom and on the playground. The more they do an activity, the better they will remember it.

Point things out and describe them. For example, "Look at how that lady is taking big, giant steps. Now she's taking tiny, baby steps. Can you take a big step and a little step?"

Teach in small steps and don't go too fast. But expect a little more from the children each day. Remind them of their successes and encourage them to try their best.

5. Make It Meaningful

Select activities that give a child a reasonable chance for success. Ingredients for success are self-confidence, motivation, and mastery. When children think they can do a task, enjoy the challenge it provides, and have the necessary skills, they are likely to become involved and gain a sense of accomplishment.

Show an active interest in each child's accomplishments. Many children enjoy sharing their successes with each other — even showing off a bit. Others are more self-conscious. They are pleased with their success in a quiet way and appreciate a friendly acknowledgment without much fanfare.

Be sure to show respect for each child's work. Take the time to display a painting attractively. Put the child's name on his or her work. Find a safe place to keep what the children make. Remind children to take their things home and share their accomplishments with their family. For disturbed children, such respectful care for their work is particularly important.

Take time to explain appropriate behavior to children.

Handling Transition Times

The hardest times for many teachers and children are the transition times — the times between activities. For children with emotional disturbance these unstructured times can be disastrous. Without careful management, the time can become confusing. And misbehavior often results from confusion.

When the children must all move from one area of the room to another, it helps to divide them into smaller groups. This cuts down on the milling around and sets a smoother tone for the next activity.

To prepare children for a change in activity, tell them a few minutes ahead of time that they will have to stop when the bell rings, when they hear music, or when the lights go off and on. This winding-down time is especially important for many disturbed children.

You might also find it helpful to assist a disturbed child during these times by walking with him or her, pairing the children with partners, and so forth.

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94 Setting Limits

Some limits must be put on children to protect their physical safety. Safety limits are usually clear-cut: for example, "We walk in the classroom" and "Look both ways before crossing the street." State safety limits simply and frequently, and demonstrate them when necessary. Enforce them consistently, so that children will learn that they must be followed.

Children also need limits to help them control their behavior. Unlike safety limits, behavioral limits require you to make some judgments about what is appropriate and what is not. Each of us has a range of child behavior that we accept or can tolerate in our classrooms. (Some teachers don't mind a lot of noise or a messy paint area, while others can't stand this.)

Whatever behavioral limits you set, be consistent in enforcing them. If the limits keep changing, the children will never know what you expect, and will not learn what you are trying to teach. Praise children for their efforts, and try to ignore borderline but tolerable behavior. Let the children know that you accept and respect them, whatever the quality of their performance. As a result, the children will not feel personally threatened by failure. They will approach learning without fear.

Before setting a behavioral limit, look carefully at the behavior you are concerned with, and ask yourself the following questions.

How Does It Affect the Other Children?

Does the behavior disrupt the learning of the other children? If the behavior does not disturb the other children, then perhaps you should try to learn to live with it.

For example, if Andrew's thumbsucking seems much more annoying to you than to everyone else in the class, then perhaps that behavior should be tolerated.

Can the Child Help It?

Does the child have control over the behavior? For example, if Eddy races around the classroom and can't seem to slow down, then you should try to design activities for Eddy that use and direct this energy. Focusing on Eddy's need to expend energy, rather than on his racing around, can be helpful to you both.

Is a Change Justified?

Do you have a good reason for wanting to change the child's behavior? What is your educational reason for wanting to alter the behavior? In other words, make sure the behavior change is good for the child, not just more convenient.

Patty is a child who has a hard time working in a group. She needs to develop better social skills. While a large group activity may be easier for you to manage, it may not be the best thing for Patty at this time. Encouraging Patty to participate in a small group activity (such as playing "dolls") can give Patty practice with the same skills and would probably allow her to feel more relaxed.

Can You Think of Substitute Behavior?

What behavior do you want the child to substitute for the unacceptable behavior? One good way to help children change undesirable behavior is to teach them a good substitute. A child who hits other children can be taught to be angry with words, or to stalk away from the anger-producing situation, or to hit a punching bag. Make sure that the new behavior competes with the undesirable one. Simon can't hit Carey and stalk away from her at the same time, so stalking away would be a successful technique for him.

Physical Contact

Physical contact can be used with emotionally disturbed children just as it is with normal children:

- **to ensure the safety of the child and of those around him or her**
- **to provide support, guidance, and encouragement.**

Ways of ensuring safety for an emotionally disturbed child range from offering your hand as support during a balance beam activity to rigorously holding (restraining) a child who is out of control and threatening to hurt him- or herself or others.

Physical contact is a way of expressing your affection for a child. In so many ways, emotionally disturbed children need this kind of contact. A gentle hug or pat often helps these children to start believing that they are worthwhile persons whom others can enjoy being with. You may find that some disturbed children shy away from physical contact. Be patient. It takes time to build trust and develop the ability to accept affection.

Physical contact is an especially good way of teaching many disturbed children, who can often learn best by being "moved through" an activity one or more times, until independent participation is possible. Put your hands on Marilyn's shoulders and walk her around the circle. Put the crayon in Peter's hand and put your hand over his, so that he can feel the motions of drawing a stencil pattern.

Using physical guidance as you move Marilyn around a circle and as you help Peter with the stencil is a temporary technique that allows them to be successful on their own. In this sense, physical guidance (and stencils, too) are like training wheels on a two-wheel bike. The success children have with your help makes them more willing to try again, and the structured practice helps them learn more quickly. After a while, your help, just like the training wheels, will no longer be needed.

Physical restraint may be helpful when a child is truly out of control and when scolding only seems to make matters worse — provoking another outburst or making the child feel absolutely miserable. You should use restraint as little as possible, and only as a last resort. Physical restraint should be done in a matter-of-fact way, showing concern but not anger. After restraining a child you should spend some time with him or her until he or she has regained composure. This kind of restraint is time consuming and requires a firm understanding of the child's underlying problems, not just of the behavior you are trying to control.

Activities

The general purposes of classroom activities are essentially the same for all children:

- **to promote mental, physical, and social development**
- **to teach skills in the major developmental areas (motor, cognitive, speech and language, self-help, and social)**
- **to allow for the practice and display of these skills**
- **to give each child the sense that he or she is a growing, competent individual.**

It is the teacher's job to present activities in a way that provides each child with the best opportunity for success. For a child with emotional disturbance, certain activity modifications may be necessary to ensure his or her success.

This section describes a number of activities that take place daily in many preschools. Each description includes ways of modifying the activity so that children with various emotional disorders can participate and learn. The activities are presented in the order in which they might take place in a typical full-day program. Of course, each teacher must decide which activities are best for the particular group, and arrange them in the order that makes the best sense for the particular program.

Arrivals, Departures, and Other Transition Times

Many preschool children have not yet mastered the concepts of time and change. Without a sense of continuity and a sense of the future, transition times can be confusing to them. Disturbed children, especially, may be confused and fearful during transitions. They need the help of adults to get through these difficult times of the day.

Handled properly, transition times can be used to teach children to:

- **deal with separation from a loved one**
- **trust persons outside their immediate family**
- **cope with changing structure (for example, end one activity and start a new one)**
- **cope with a great deal of movement, noise, and visual stimulation.**

Preparation

For arrivals and departures, make sure that the *adults* follow a regular routine for greeting or sending off children, and in helping them dress or undress. If the adults are disorganized, the children will have to deal with even more confusion.

Before changing an activity, make certain that the new area of activity is ready for use. Aides and volunteers should be free to orient the children, not busy with last-minute preparations.

Alert children several times that a transition is about to take place. Transitions should not be surprises. Announce the day's schedule early in the morning, and then give a countdown before an actual change ("In a few minutes we have to start cleaning up .... We should start to clean up now, because it's almost time for snack").

Conducting the Activity

1. Before everyone starts moving around, ask the children to sit quietly for 10 to 20 seconds. This gives everyone (adults, too) time to organize him- or herself.
2. Announce the movement, then accompany the group to the new area. If someone else is taking charge of the new activity, announce that to the children, too. If you are going outside, don't let everyone race to the door or coat rack all at once. Send them up one at a time. If the children are to form lines, call out their names one by one, in the same order each time.
3. During arrival times, try to have the same familiar face greet the children and talk about what they will be doing that day. The same procedure applies to departure times. As the adults help the children put on their coats, they can remind them about the next day's activities ("Remember, tomorrow morning we're going to bake chocolate chip cookies").

Tips

Adults often take transitions too lightly. Since transitions have no "product," some adults may not consider them a real activity. You should make sure that the program's staff do not underestimate the difficulty and importance of transitions for children.

Holidays, weekends, and vacations are not always understood or appreciated by youngsters in preschool. They need a great deal of reassurance that everything will resume as usual when a weekend, holiday, or vacation ends.

When the weather is bad, leave plenty of time for dressing and undressing. Snowsuits and rain gear can complicate transitions.

Modifications for an Aggressive Child

Since an aggressive child has difficulty coping with change, it is important to remind him or her gently, and *well in advance,* that an activity is going to end and a new one begin. Repeat the reminder several times before announcing countdowns to the group. Encourage the child to express his or her feelings in words rather than actions.

Be especially aware of behavior when the group is in a line. Children naturally push and shove in lines, and aggressive children are particularly hard-pressed.

As an aggressive child learns to accept transitional routines and handle them successfully, gradually reduce the extra supports. Eventually the child may need only the amount of warning time you give the rest of the group.

Modifications for a Hyperactive Child

Although it is not likely that you can calm down a hyperactive child, you can help the child perform well by explaining directions clearly. Concentrate on giving the child directions that are short, simple, and specific. Rather than tell the child what *not* to do ("Stop that running"), assign the child a small, clearly defined task ("I want you to sit in that chair for 10 seconds"). Help the child to increase his or her self-awareness by reminding the child of his or her situation with a simple phrase ("You're getting too excited"). Try to maintain a calm attitude and tone of voice while organizing the activity. Your calmness may have a soothing effect upon the child and reduce the amount of stimulation with which he or she has to deal.

Remind the children in advance that the activity will be changing.

When the child appears to have learned the sequence of steps involved in the activity, you can begin to reduce the amount of individual instruction you have been giving the child. As the child becomes more self-aware and learns more self-control, you can also cut down on the number of reminders you give about getting too excited. At that point you can begin to concentrate on lengthening the child's attention span and on increasing his or her interest in performing tasks. For example, you might begin to give more than one instruction at a time to the child, and to explain what is going to happen next.

Modifications for an Anxious Child

Transition is probably the most difficult activity for anxious children. They are being asked to leave what has become familiar and safe and enter a new situation. It is important to prepare an anxious child for a transition *well* in advance. Once such a child panics, it becomes difficult to communicate with him or her.

Whenever possible, an anxious child should explore a new area and activity beforehand, with a trusted adult. For example, before a science activity you might allow the child to inspect the work area and show him or her how to handle any new equipment. To reassure the child of his or her return to a familiar area, give the child a favorite toy or book from the area. Escort the child between areas when the actual transition takes place, too.

Routine has a soothing effect on an anxious child. As the day and week become more predictable, the child will feel in greater control. At that point, you may be able to discuss the child's feelings with him or her. The child should learn to recognize when he or she is becoming anxious and to seek help from adults at such times. Simply discussing his or her feelings aloud can help the child cope, as do an adult's reassurances.

Modifications for a Withdrawn Child

There are many different causes of withdrawal in children, and the source of the problem can affect how you work with a withdrawn child. Many preschoolers are frightened and shy because they are away from home for the first time. Those who have underdeveloped receptive language may be unable to understand what a new adult is saying. Those who have never been in a group before may not understand such concepts as moving together and beginning and ending activities on request. By studying the individual child closely, you will be able to determine how best to proceed. Most shy children will open up with a little individual attention from you. Children with language problems will require your doing extra things to get their attention, such as a touch or a gesture, until they are familiar with the procedure. Children who are unfamiliar with working in a group require patient instruction. Learning is a process that takes time.

You may have in your class a withdrawn child who understands what behavior is desired but refuses to participate. This child may be fearful of attempting new activities and will need extra encouragement and support from you. Praise the child for any efforts. After the child has had some success with the activity, it should become easier for him or her to participate.

Modifications for a Psychotic Child

Psychotic children have great trouble understanding the world around them. Their ability to communicate verbally is limited. They have little sense of time. They have a hard time coping with noise and movement. And they have great difficulty tolerating changes in activity, setting, or personnel. For these reasons, a transition may be completely incomprehensible and overwhelming to a psychotic child.

Initially, you should try to limit the number of transitions as much as possible. The same adult should help the child through nearly every transition. When the child begins to act in a confused manner, the adult should attempt to calm the child, and try to interpret his or her feelings ("What's the matter? Are you afraid to go to lunch? Do you want me to take you?"). The adult may anticipate such confusion whenever there is a large amount of noise or movement in the area. A child's unusual behavior at these times often results from the child's confusion, fear, and inability to communicate needs and feelings verbally.

Depending upon the severity of the disorder, you may be able to teach the child appropriate words and phrases to express him- or herself. After gradual and gentle contact with other adults, the child may be able to work with them as well. Start by including one other adult in your instruction of the child. Once the child has learned to be comfortable with the new adult, you can gradually withdraw from the situation.

Circle Time

For five-year-olds and most mature four-year-olds, circle time can be an excellent way to begin the daily activities. Done early in the morning, circle time can help to encourage smooth transitions throughout the day. For younger children, three or four years old, it may be better to conduct circle time later in the day and focus on what the children have done that day.

Circle time is helpful for improving children's:

- **ability to socialize**
- **ability to behave in a group**
- **daily orientation**
- **ability to listen**
- **speech and language development.**

Preparation

Have the day's schedule worked out. Make up a seating chart for circle time. If furniture is to be used, arrange it in advance. Have materials (felt or blackboard and chalk) in order and on hand.

Conducting the Activity

1. Get all the children who will participate seated quietly.
2. Begin with a few simple remarks to orient the children and ease them into the learning situation ("Do you see something new in the room today?" "Let's talk about what happened at the puppet show this morning"). You might describe the weather and mention upcoming holidays.
3. Give the children a clear idea of the day's schedule. Be sure to emphasize unusual or special events, announce absences, and identify other adults who are in the classroom that day. Remember, however, that many children have short memories and may need gentle reminders of these facts during the day.
4. Begin a speaking activity such as "Show and Tell."

Tips

The success of this activity depends on establishing and maintaining interest. Ask the children to sit quietly and to speak in turns. Encourage them to live up to these expectations on a regular basis.

Keep in touch with how well the group is paying attention. Try to involve as many children as possible in the discussion. Be ready to adjust your agenda according to the mood of the group.

Place children and adults strategically. Make sure that an adult is nearby in case a child begins to withdraw or feel restless. Often the closeness of an adult will be enough to help a child.

It is possible that circle time will simply be inappropriate for some children. Try to have other activities available for these children, and, if necessary, staff to supervise them.

It is important to establish proper procedures as quickly as possible. The child must learn that he or she can get attention by raising a hand and waiting for a turn, and that speaking out or clutching will not work. Once the child has learned the rules, you can use silent signals (finger to the lips, pointing) to remind him or her without interrupting the group.

Praise the child for good group behavior ("Good sitting," or "Nice job of paying attention"). In this way you let the child know that he or she has not been forgotten or unnoticed.

Modifications for an Aggressive Child

Aggressive children are often fearful of attack by others. Being close to others feels dangerous to them. They become overly sensitive when they feel, or imagine, that others are moving into their personal space. If possible, arrange the seating to provide extra space on either side of an aggressive child's chair. Seat the child in between unaggressive, non-threatening children. Placing the child next to an adult may not work well, because of the child's tendency to cling to adults. Watch closely for signs that an assault may take place: angry looks and threatening words or gestures. When these signs appear, you may need to involve the child in a different activity.

Modifications for a Hyperactive Child

Circle time is hard for hyperactive children. Despite their impulsiveness and need for body activity, they are asked to sit quietly in a chair. Despite difficulty focusing their attention, they are asked to follow closely a group conversation that may cover several subjects in ten or fifteen minutes, with little individual attention from the group leader.

A good method to use during circle time is to call on the child frequently. When the child's energy is being focused on the task (discussion), he or she is likely to show less body movement. Calling on the child can increase his or her attention span somewhat. The shorter the time between questions, the less danger there is that the child's attention will wander.

It is unreasonable, however, to expect long periods of appropriate behavior from a hyperactive child early in the year. Keep activities short and give directions frequently. As you see some improvement in the child, make

efforts to extend his or her attention span. You should always have an alternative activity available for the child. Some hyperactive children may learn an activity more easily by watching other children perform it, particularly if an adult sits nearby to share their interest.

Modifications for an Anxious Child

Since an anxious child tends to view circle time as a situation that could be threatening, it is wise to seat such a child between non-aggressive children. As the child learns to perceive the situation more realistically, he or she may become less sensitive to the closeness of other people.

Offer an anxious child the opportunity to speak regularly, but don't persist if the child appears uncomfortable. Self-control is fragile under pressure: the child may react badly if forced to respond or perform in front of a group. As the child becomes more comfortable and self-confident in the situation, you can gently encourage him or her to participate more.

Modifications for a Withdrawn Child

It is not a good idea to force a withdrawn child to participate in circle time. Although this child may not react as explosively as an anxious child, a slower, less demanding approach is usually more effective. Let the child watch and listen. Watch carefully for the child's first attempts to communicate. Your response should be prompt, but not overwhelming. As the child's self-confidence increases, he or she will be much more willing to participate in discussions.

Modifications for a Psychotic Child

The theme of circle time is communication, which is one of psychotic children's weakest skills. It may be impossible for these children to follow conversations or behave according to the rules. You may find it helpful to assign an adult to sit with the child during the activity. The adult may help to soothe the child's fears and enable him or her to sit with the group. As the year progresses, the child may have developed enough language to answer simple questions. Try to include the child as much as possible.

Call on a restless child frequently to hold his attention.

Instruction

Formal instruction periods are often viewed as being most appropriate for children who are at least five years old. If formal instruction is part of your program, it should take place first in the day and is best followed by outdoor play, circle time, story time, music, meals, and rest.

Instruction activities usually concentrate on pre-reading skills (formation of letters and numbers) and on simple concepts (size, shape, color). These activities help children develop:

- **cognitive skills (following directions, learning concepts)**
- **fine motor skills (using a pencil, turning pages).**

Preparation

Before preparing a lesson plan, you should have a clear understanding of each child's level of development and specific abilities. You can gather this information from any reports you have been given about the children as well as from your own informal observations and assessments. Otherwise it will be difficult for you to set realistic goals for the group, or for an individual child.

Your lesson plan should define the goals of the activity, sequence the steps involved, and list any materials you may need. After you have worked out the lesson plan, gather all necessary materials. If any procedures are unfamiliar to you, practice with them beforehand.

Conducting the Activity

1. Gather the children in the work area. Make sure they are familiar with the lesson's rules of order. (For example, should they stay in their seats or sit on the floor?)
2. Speak clearly, using simple sentences. Do not assume that the children are familiar with anything. Repeat important points several times.
3. As you talk, try to determine how well the children are understanding the lesson. Ask questions and try to involve the children as much as possible. Watch for puzzled faces and other signs of distress.
4. Once the children get to work, stay with them in case they need help or reassurance. Encourage and praise their efforts.
5. Watch the time and give children advance warning of when the activity period will be up.

Tips

Remember that this may be the children's first formal instruction. Make instruction a successful experience for them by working out lessons you know they are capable of doing. Praise them warmly for their efforts.

Be prepared to adjust the activity at any time: to change the rules, to lengthen or shorten the time, and so on. The children's reactions will tell you when this is necessary. Take notes afterward on changes that will improve the next lesson.

Make sure that important people in the child's life see the results of these lessons. Send children's completed work home with them and let parents know how their children are doing.

It is important to establish your authority early, so that all children realize you are there to guide and help them.

Modifications for an Aggressive Child

Your first priority in working with an aggressive child is to make sure that he or she has successful learning experiences. Design some simple tasks you are sure the child can master with some help. After several successes, the child will feel more competent and may even begin to look forward to instruction.

Aggressive children are afraid of their impulses, and frightened children do not learn well. Try to make an aggressive child aware that impulsive behavior interferes with everyone's day. Remind the child to use words when you sense that physical aggression is about to take place. Together you and the child might decide upon quiet corners or areas where he or she can go to work out anger or to take a break from the activity.

Modifications for a Hyperactive Child

In arranging the setting of the lesson, take into account a hyperactive child's restlessness. Do not expect him or her to sit quietly for prolonged periods. Instead, break a task down into small steps that can be done in a short amount of time, or include a simple motor activity in the lesson. For example, after doing a number recognition activity, let the child work with a form board puzzle, counting the different pieces as he or she goes.

Directions to the child must be clear, precise, and short. You might explain a task one step at a time, waiting until each step is done before describing the next. For example, let the child attempt to mix paint following your instructions, *before* you begin to show him or her *how* to paint.

Children enjoy being praised. Do it often and focus on their attempts rather than their products.

Watch the child carefully for signs of restlessness. Point them out to the child so that he or she can begin to understand these feelings and monitor him- or herself ("When you work this hard, you seem to get tired"). You might offer the child 10 or 20 seconds to leave the task and compose him- or herself.

Modifications for an Anxious Child

Anxious children tend to fear failure, and to lack self-control. If you pressure an anxious child to participate, he or she may panic and lose control. You must work just to calm the child and to help the child understand that it is more important to *try* an activity than to do it perfectly. Gently encourage the child by demonstrating the task. Then let the child do one part, and you do another. Offer praise for the fact of working, rather than for the quality of work. Permit the child to work at his or her own pace.

You may find that the child is reluctant to put aside a task that he or she is doing successfully. Initially it is best to regard this refusal as a first step toward confidence. As the child grows more comfortable and trusting, you can encourage him or her to move on to other tasks. Once the child has a sense of competence and greater confidence, you can work with him or her to improve performance.

Modifications for a Withdrawn Child

A withdrawn child may do best in instruction activities if he or she is given individual attention and instruction. However, it may be difficult to approach the child because he or she may feel uncomfortable close to others. You should be as non-threatening and soothing as possible. Since the child's language skills may be underdeveloped, take care to speak slowly and clearly, and act out what is desired if you can. The child may avoid eye contact and refuse to respond. If the child continues to refuse to respond, it may be best to find another activity that the child would like to work on. If this fails, let the child sit and watch, or place a toy or other materials nearby for the child to use when he or she wishes. Constant probing may only cause the child to withdraw more.

Modifications for a Psychotic Child

The program of instruction for a psychotic child must be highly individualized. Working consistently with one or two familiar adults, the child will probably be less confused and more in touch with the learning experience. Language development is also more likely to occur in individualized learning. In some cases, a psychotic child may be able to tolerate and profit from small group experiences. These should be encouraged.

Outdoor Play

Outdoor play provides children with an opportunity to improve their:

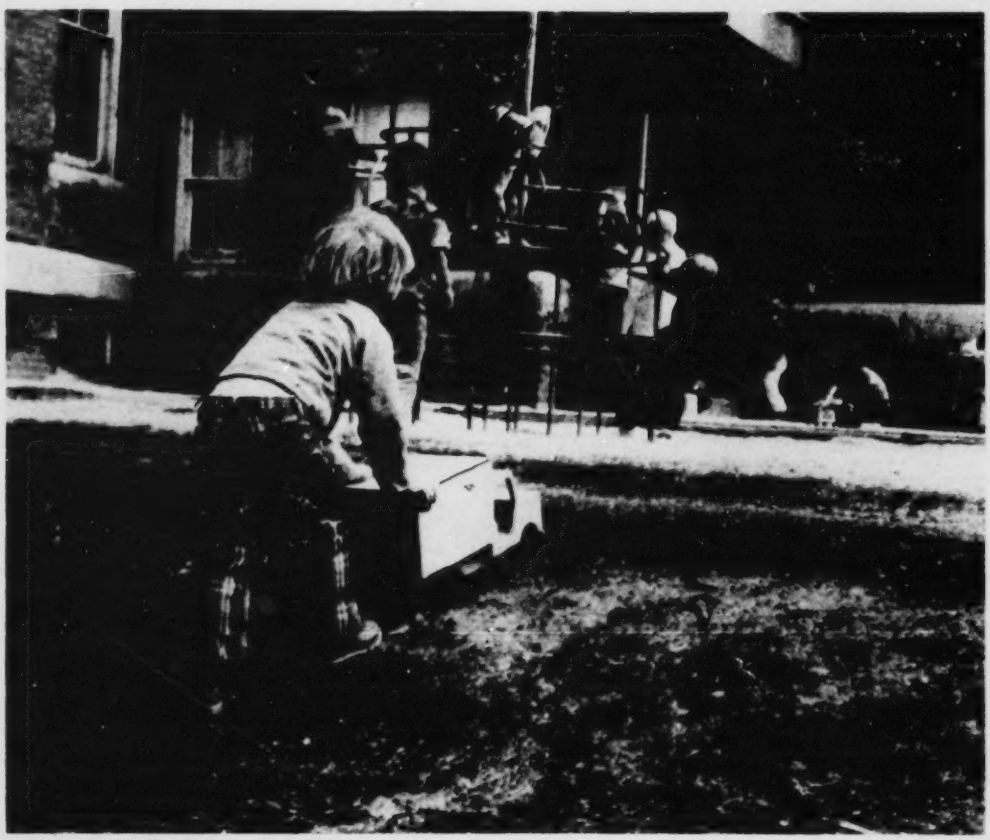
- **social skills (peer interaction)**
- **cognitive skills (developing spatial concepts such as up/down and temporal concepts such as slow/fast; recognizing cause and effect relationships)**
- **gross motor skills (balance, coordination, rhythm).**

Preparation

Examine the playground area closely. Eliminate any potential dangers (holes in the ground, large rocks, broken glass). Make certain equipment is in good repair.

Know which children may become uncontrolled in open areas. Playgrounds can be dangerous. (Work out playground rules in advance.)

Learn a variety of simple games that children can play at preschool and at home. The activities should have varying degrees of structure and should be non-competitive. Work out a system for sharing playground equipment such as swings.



Tips

Out-of-doors should not mean out-of-control. Some children get reckless on the playground. Do not hesitate to slow down overexcited children. Many playground accidents can be prevented by alert teachers.

Try to adjust your participation to the needs of each child. Some children do perfectly well on their own. Others only need help getting started. Still others may need almost constant attention.

Some children are afraid of playground activity. They may need reassurance that things are in control.

Conducting the Activity

1. Allow plenty of time for children to dress themselves as much as they can on their own.
2. Explain playground rules carefully to the children before they go outside.
3. Observe the area closely. If possible, have one or two other adults assist in guiding outdoor play.
4. Adults should refrain from engaging in lengthy conversations with one another, because this can detract from their availability to the children.

Modifications for an Aggressive Child

The playground may be a frightening place for aggressive children. They may fear that other children will become aggressive, and they are without the indoor structure that they rely upon to control their own aggression. They easily become overexcited and restless, which can lead to unpredictable behavior, "accidents" in which other children get knocked about, overenthusiasm in group games, and fights with others.

You can anticipate an aggressive child's distress concerning loss of structure by assuring him or her that everything is still being managed and is under control. Although impulsiveness is difficult to deal with, much of it can be avoided if the child's level of stimulation is controlled. For example, put away materials that are not being used, reduce the noise level by introducing a quiet activity, and slow down an activity that is getting the child too excited (for example, roll the ball to a child instead of chasing him or her with the ball). Watch carefully and give verbal reminders to help keep the child in touch with what he or she is doing. For example, say to the child, "You're rushing around very fast. Can you show me how a turtle crawls?"

Modifications for a Hyperactive Child

It is appropriate for children to let out energy on the playground, but care should be taken to keep the level of excitement manageable. To help a hyperactive child, provide simple games that allow for a high energy level. Use frequent verbal reminders to keep the child focused on the game. Avoid nagging at the child. If you feel the child's behavior is out of line, give the child a clear, specific instruction to follow.

If the child appears to be losing control, ask him or her to sit down with you for 20 or 30 seconds. Danger signs include a flushed face, excessively loud yelling, and high, prolonged, artificial laughter.

Modifications for an Anxious Child

Anxious children are often unsettled by the noise and activity of a playground, and may begin to withdraw. They tend to fear unfamiliar activities, and may refuse to play with other children. When they do play, they may complain about other children. Their general fear for their safety may be seen in their frequent complaints of real or imagined injuries. Sandbox activities are often preferred by anxious as well as withdrawn children.

An anxious child does best at playground activities that are structured, non-competitive, and quiet, and that offer little chance for injury. One example is walking with the teacher or with a small group. As the child begins to feel more comfortable on the playground, you might set up games that include several children.

Modifications for a Withdrawn Child

A withdrawn child requires special attention on the playground. You or another adult should try to engage the child gradually in a few simple, quiet activities. This may take a long period of time. Once you have had a number of successes with the child, you can expand the activities to include practice in other skills. Very gradually you might attempt to introduce other children into the activity, adding one child at a time.

Modifications for a Psychotic Child

Psychotic children have much trouble coping with great changes in the setting. At first they may be extremely frightened on the playground, and may lose some ability to relate to familiar adults and surroundings. You should provide a psychotic child with close supervision in an open area. Once the child is familiar with the area, you or one other adult may be able to engage him or her in simple activities such as short walks, rolling a ball, and so on. During these sessions you may be able to help the child practice language skills.

Directed Play/ Special Projects

Directed play is a good way to teach general information and improve language. Directed play activities include exercises, body-image games, and cooking or science. Activities like these help children increase their general knowledge and improve their:

- **social skills (cooperation and sharing)**
- **cognitive skills (ability to follow directions)**
- **body image (ability to identify body parts)**
- **language skills (general vocabulary).**

Preparation

Gather all necessary materials and make sure you are familiar with them. If you are planning to cook or to try a science activity, try out any unfamiliar recipes or experiments on your own first.

Conducting the Activity

1. Give a clear, simple explanation of the activity to the group. Provide as much general information as the children can absorb along with the activity. For example, if you are cooking carrots, you might describe how they grow and why they are good for you. Define any new words and use examples and/or pictures whenever possible.
2. A number of these activities (for example, exercises and dress-up games) do not require adult supervision. However, you should play along with the children at first to make sure that they understand the procedure and any rules that are involved.

Tips

Directed play activities allow children to learn words while actually using the objects for which the words stand. Talk to the children throughout each activity. ("Move your arms." "Give me one egg, please." "What color is Billy's hat?") Be sure to encourage the children to use the words themselves. Also try to use the same words in other activities.

When toys or food are involved, conflict is likely to occur among the children. Make sure you have a good sharing system and remind children of the rules.

Cooking can be an exciting activity for children, especially those who come from homes where food is not plentiful. Some may be very anxious about getting their fair share of the food, which can cause them to disrupt the activity. Until the children learn to trust the situation, you should control the activity carefully. Give children small, easy jobs to do at the start, while you play a larger role. Gradually you should be able to reduce your role.

Modifications for an Aggressive Child

Aggressive children tend to have irrational fears of being deprived of an equal share and of provoking aggression in others. You can ease these fears by setting up an orderly and obvious system for using and sharing materials. As the child comes to trust the system, he or she will feel less need to grab and clutch.

Whenever possible, match up an aggressive child with non-aggressive children. This will help the child feel more at ease and lessen the chance that impulsive behavior will take place.

In any close situation, watch the child carefully for signs of anger and loss of control. Help the child become more self-aware by pointing out when you think he or she is becoming upset.

Modifications for a Hyperactive Child

It is important not to overestimate a hyperactive child's ability to concentrate. To prevent failure, keep tasks short and very direct. Provide a lot of verbal structure for the child and do not expect him or her to function successfully without adult supervision.

Try to anticipate the child's loss of attention. If you sense that the child is becoming restless, move him or her to another area or begin a different activity. Otherwise the child may disrupt the group with extra body movement or loud talking.

In time you will learn to recognize periods of low excitement in the child. Take advantage of these by introducing more complicated, self-directed tasks. For example, during a science activity, you might make the child responsible for measuring out a cupful of water.

Modifications for an Anxious Child

Before the activity begins, carefully explain how toys or food will be given out, and explain the system for using and sharing materials. Over time, the child will come to trust you and the system.

Modifications for a Withdrawn Child

It is best not to force a withdrawn child to participate. Simply give the child time to watch and understand the activity. When the child begins to show some interest, you or another adult can try to engage the child by providing individual instruction. Gradually adult participation can be replaced by interaction with other children. Although you should not expect the child to communicate much verbally (especially at first), you should speak to him or her regularly, in a non-threatening manner.

Modifications for a Psychotic Child

A psychotic child will need to have an adult partner in order to participate. In cooking, for example, the child and the adult can do some of the simpler tasks together.

Don't expect the child to use imagination and pretend. It is best to be literal and direct as you work on the child's language development and concept formation. As the child's language skills improve, his or her partner can encourage him or her to name materials and describe how they are being used.

Free Play

Free play includes such activities as water table, sand table, puzzles, pegboards, blocks, and picture cards. These activities help children improve their:

- **social skills**
- **ability to work independently**
- **ability to fantasize**
- **fine motor skills and coordination.**

Preparation

Gather all necessary materials and organize them according to the type of activity or the level of difficulty. You might consider labeling them with words and/or pictures. Anticipate any problems with materials (for example, water may be spilled and sand may be scattered). Have aprons ready for particularly messy activities.

To reduce confusion, divide a single area into smaller activity areas (such as the water play area and the puzzle table) and place materials in the relevant area. Have a system for passing out materials, for sharing, and for taking turns. Know the relative level of difficulty of each activity, so that children won't be mismatched and frustrated.

Conducting the Activity

1. Help children choose materials and get started. Point out rules for using different materials ("Put puzzles on the green shelf after you use them." "Keep the water in the water table"). New materials should be shown and demonstrated to the entire group.
2. Take some time to work with individual children, moving from one to another. But don't interfere with children who are playing well by themselves.
3. Be alert for signs of difficulty. Grabbing, threatening, loud voices, or running may be signals to remind children of limits, or to provide help to a particular child.
4. Toward the end of the activity, give the children an advance warning that it will soon be time to clean up.

Tips

Free play is an excellent opportunity to watch and measure children's progress in socializing and in motor development. After free play routines have been established, and when children are working well on their own, your role might be shifted from facilitating or participating in the play to observing the play.

Modifications for an Aggressive Child

An aggressive child may require extra help in selecting an activity and getting started, since he or she can easily be confused by a less structured environment. Be careful to provide materials that you know the child can master. Aggressive children often act out their feelings rather than ask for help. This means you should watch closely for signs of trouble in the child, to prevent him or her from losing control.

Modifications for a Hyperactive Child

A hyperactive child has difficulty with free play. The child needs help from the teacher to get organized and to keep his or her attention focused on the activity. It is helpful for you or another adult to start an activity with the child, since adult interest often helps the child stay interested, too.

As in other settings, you should remind the child when he or she is getting overexcited, and offer specific directions to help the child calm down and get back under control.

Modifications for an Anxious Child

To help cut down on interference from other children, provide an anxious child with a relatively isolated area. Once the child begins to feel safe, he or she will gradually move toward the other children. Anticipate frustration and provide the child with help in difficult areas.

Give an anxious child plenty of time to prepare for the end of the activity. Allow the child to replace favorite toys by him- or herself. Remind him or her that the materials will be available again.

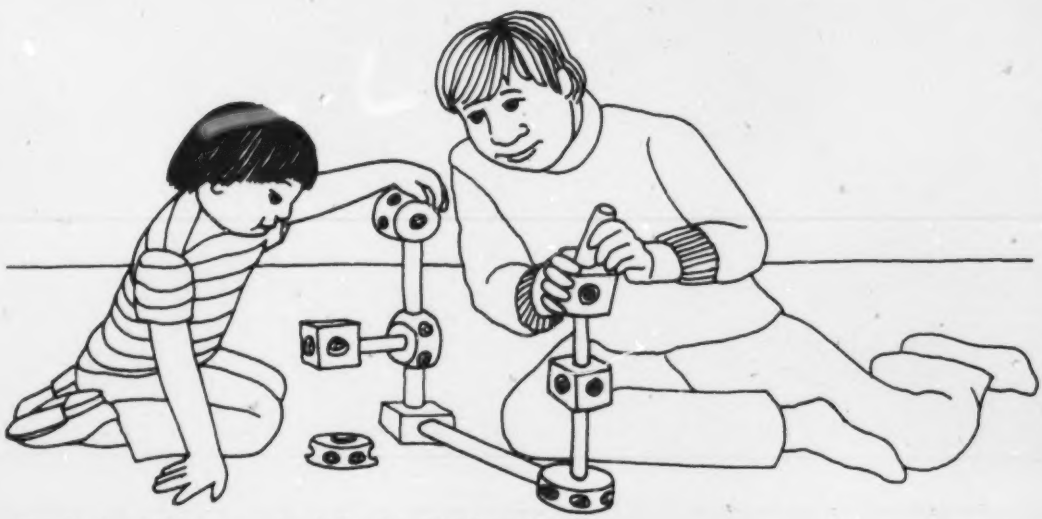
Modifications for a Withdrawn Child

Free play is a valuable activity for a withdrawn child. It makes few demands, and allows him or her to watch other children play and communicate. Observing the child may help you to learn about the child's interests. You might then introduce several different activities you think the child would enjoy.

Don't try to rush the child into contact with his or her peers. When the child begins to play at similar activities next to the other children without apparent communication, you will know that the child has taken a first step toward real interaction.

Modifications for a Psychotic Child

A psychotic child does best when you provide individual attention and do activities with him or her. Puzzles and books may hold the child's attention for some time. Your presence and conversation will reassure the child that the situation is under control. Take this opportunity to work on language with the child. Many psychotic children develop language through imitation.



Psychotic children require lots of individual attention.

Meals

Many preschool programs provide breakfast, snack, and/or lunch. These meals can be a time for children to:

- **gain knowledge (general information about food)**
- **improve their social skills (sharing and cooperating) and speech and language skills.**

Preparation

Set the table with unbreakable utensils and napkins. Have paper towels or sponges on hand to take care of spills.

Conducting the Activity

1. Make sure all children are seated before beginning a meal. Give them a few seconds to calm down before you start.
2. Explain the system for requesting and passing food. Take some time at first to instruct children in the proper use of utensils and in group table manners.
3. Pass the food to the disturbed child yourself, or have an aide do it. After a period of time, the child should be able to serve him- or herself. Allow adequate time for children to eat well and enjoy the meal.
4. Allow adequate time for cleanup. If there are pokey eaters, give them some advance warning that another activity is soon to follow.

Tips

Use this opportunity to expand the children's general knowledge. Explain the names and origins of the various foods they are eating.

Food and eating can be a source of great anxiety to children who come from homes where food is not plentiful. It helps to reassure them that there is enough food for everyone. *Never* withhold food to punish or control a child.

Modifications for an Aggressive Child

An aggressive child needs clear and simple instructions on table manners and use of utensils. Rules must be established early, and consistently applied. You may wish to sit next to an aggressive child during the initial period, and handle the passing and serving of food. If the child begins to lose control, you might send him or her to a "cooling-off spot" at the edge of the activity setting.

Modifications for a Hyperactive Child

Give directions slowly to a hyperactive child, and in small parts. Insist that the proper utensils be used. To avoid spilling accidents, take care to place open containers of food away from the child. Make the child aware when he or she is becoming overexcited. It is a good idea to set up a cooling-off spot at the edge of the activity setting, where the child can go when feeling restless or out of control.

Modifications for an Anxious Child

Allow an anxious child to eat at his or her own pace and according to needs, but insist upon the proper use of utensils. You may need to repeat rules on passing food to the child, to prevent him or her from grabbing or hoarding food.

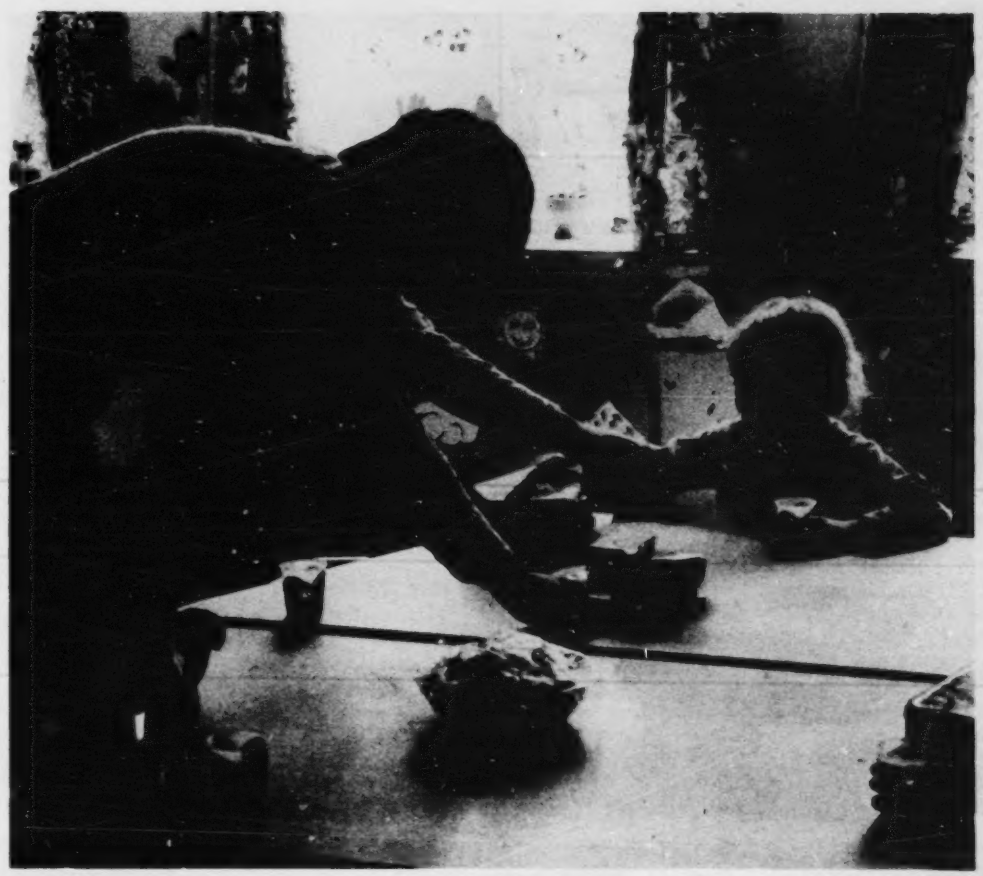
Do not pressure the child to eat if he or she refuses to. This will only result in stronger opposition.

Modifications for a Withdrawn Child

A withdrawn child may not be comfortable eating in a group for some time. He or she may refuse to eat and may ignore requests by others to pass food. You can try offering the child particular items, but do not pressure him or her. Allow the child to watch quietly. Offer him or her a snack later on.

Modifications for a Psychotic Child

It may take a psychotic child some time to learn the rules for mealtimes. You may have to repeat these rules, often and calmly, over a long period of time. Teach the child how to use utensils by example. If possible, you or another adult should sit next to the child to demonstrate procedure and to serve him or her. This can also be an opportunity to work on the child's language development.



Music and Art

Music and art can be relaxing activities for children. Music provides an opportunity for children to improve their:

- **listening skills (auditory perception, sound discrimination)**
- **sense of rhythm**
- **ability to follow directions.**

Art activities give children a chance to work on:

- **visual perception**
- **fine motor skills**
- **ability to follow directions.**

In most preschool programs art is an ongoing activity that is not separate from free play and/or teacher-directed activity. In these programs, art is often viewed as an extension or supplement to another learning experience. For example, the theme for a painting session might be "what we saw at the fire station." In some preschool programs, art is viewed as a separate activity.

Preparation

Prepare a lesson plan that breaks the music or art period down into short parts with different activities. Collect all materials and work out how you will introduce them to the group. If an art activity will be messy, have aprons available for the children.

Arrange a suitable area. Music may require chairs and a large, open area. For an art activity, you may need to provide protection for the furniture and floors.

Conducting the Activity

1. Present instructions clearly and simply. Give special attention to children who appear confused.
2. Provide lots of verbal encouragement.
3. Watch for children who may be overexcited by loud music. If one or more children become too excited, turn the volume down, or remove the record periodically.
4. Display children's completed projects with their names on them. After the display, send the projects home with children so that parents get a chance to see the work, too.
5. Announce transitions early to allow plenty of time for calming down and cleaning up.

Tips

Keep the first assignments simple. It is easier to add tasks as you go along than it is to deal with a frustrated group. Some children find particular art materials (such as clay and fingerpaint) hard to work with. It might be best to start out with materials that are less messy (such as crayons or chalk).

If some children resist group singing, don't force them to participate. Give them time to feel comfortable before joining in.

Record players and other machines may be irresistible to some children. You might place the machine on a shelf out of children's reach. When the machines are not in use, store them safely.

Music time can leave children overexcited. It helps to calm them down with quiet music before ending the activity.

Modifications for an Aggressive Child

You must make it clear to an aggressive child that general behavioral expectations apply in music and art activities, just as they do in others. Music activities must be carefully paced to avoid getting the child too excited. Art must be carefully introduced and supervised to avoid overexcitement and frustration. Work closely with an aggressive child, giving much encouragement. As the child's self-control increases, such support will be less important.

Modifications for a Hyperactive Child

Pacing is very important for a hyperactive child. In music, do not continue a high level of physical activity for too long. Give children time to compose themselves, and end the period with a series of slower, calming tasks. Art assignments should be short, use simple materials, and be accompanied by close attention.

Modifications for an Anxious Child

Begin music activities slowly. Discuss any instruments you are using and the sounds they make. Prepare the child for loud noises, and try to find a volume level that is acceptable to the child.

In art, show interest in the child's activity, but try not to discuss the quality of the finished product, or to put too much emphasis on the necessity of finishing it at all.

Modifications for a Withdrawn Child

Some young children are unfamiliar with art and music activities, but find them both extremely attractive. After a period of watching, a withdrawn child will probably join the activities of his or her own accord. You can encourage the child gently to participate, but avoid pressuring him or her.

Modifications for a Psychotic Child

Music can be particularly enjoyable to a psychotic child. Its rhythms are comforting, and the child often develops well-loved favorites. During group lessons, the child can enjoy the music apart from the group. During free play, the child may wish to listen to records.

Art is a more difficult activity for the child. He or she may have trouble attending to the task, or using the materials properly. Good results may be obtained initially by working with the child on a one-to-one basis. Later the child may work in a group under close supervision.

Story Time

Story time can help children improve their:

- **social skills**
- **cognitive skills (listening and memory skills)**
- **speech and language skills.**

Preparation

Find appropriate stories, taking into consideration vocabulary, plot, pictures, and length. Arrange the seating so that each child's personal space is clearly defined.

Conducting the Activity

1. Read the story with expression and feeling, but be careful not to frighten the children. Show them the pictures as you come to them.
2. Don't lose sight of the group. If you notice that a child's attention is wandering, use eye contact or gestures to regain his or her attention.
3. When the story is over, ask the children specific questions. The story might also serve as the basis for an art or drama activity.

Tips

Keep track of particularly successful stories. You will find there are classics that work year after year.

Story time brings the children together in a group, and has a calming effect on them. It is a particularly good activity to have before major transitions (outdoor play or departure time).

Modifications for an Aggressive Child

Seat the child near you or another adult during the story, and arrange seating so that the child's neighbor is non-aggressive. Keep the child involved in the story with questions, glances, and gestures. Attention from another adult can help to avert impulsive behavior.

Modifications for a Hyperactive Child

Expectations must be simple and clearly defined for a hyperactive child. The child's space may be marked by tape, or the child may sit on a "story rug." He or she should be called on frequently, to maintain interest in the story. Remind the child when he or she is getting too excited. It helps to place the child near an adult.

Modification for an Anxious Child

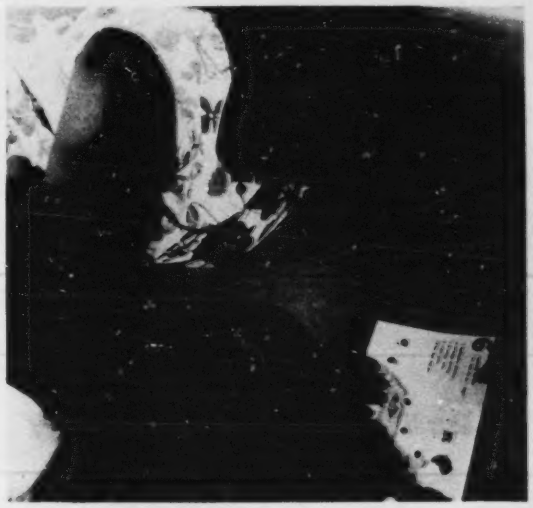
Seat an anxious child somewhat away from other children, but still inside of the group area. Prepare the child for the story in advance. Make sure he or she knows that it is make-believe. Offer the child a chance to act out the story when it is over, to give him or her a sense of control, and to improve the child's ability to distinguish between fantasy and reality.

Modifications for a Withdrawn Child

Since a withdrawn child may not be comfortable with language, it is helpful to read clearly and distinctly. Question the child last, after other children have answered, and phrase your questions so that they require only a yes or no answer. You will know that the child was trying to pay attention to the story if he or she responds to your questions. If the child's language is limited, he or she might be asked to draw pictures of the story.

Modifications for a Psychotic Child

Since a psychotic child will have trouble with any group setting, an individual session with a familiar adult will probably be more successful. The child will be less fearful and more relaxed, and can be asked to repeat words and point to pictures. Psychotic children often have a good memory for detail, so your questions can be direct and factual.



Rest Time

Rest time gives everyone a chance to relax in a quiet setting. For some children, a short nap is essential. Others can benefit from simply resting quietly.

Preparation

Arrange cots or rugs so that there is ample space between all children. More active children should be separated from one another.

Take time before rest period to settle the group down to a lower level of activity. Ten or twenty seconds of quiet sitting may be enough.

Conducting the Activity

1. Darken the rest area, but leave enough light to keep fearful children calm.
2. Speak in low tones or whispers.
3. Move as little as possible. The teacher's motion is a powerful distraction.
4. Many children have trouble waking without confusion. Wake sleeping children very gently, and allow them plenty of time to regain alertness.

Tips

After lunch is a good time for rest, although the exact place in the schedule depends on the length of the daily program.

Some hyperactive and anxious children have great difficulty resting. You may need to shorten their periods and provide more active (but quiet) things for them to do. Children who need to nap should have a separate, appropriate area where they will not be disturbed by other activity.

Modifications for an Aggressive Child

It is impossible to force an unwilling child to relax. An aggressive child may feel unsafe in the rest time setting, and be unable to let down his or her guard. Until the child has built up a measure of trust, it is probably wiser to have a low-level activity (a puzzle, or a favorite book) available in case rest proves impossible. Once the child begins to feel safe, he or she may welcome the opportunity to rest.

Modifications for a Hyperactive Child

It is generally useless to try to force a hyperactive child to rest. Before abandoning rest time entirely, however, you might try shortening the period for the child. Explain your expectations to the child and set a time limit that seems realistic.

Modifications for an Anxious Child

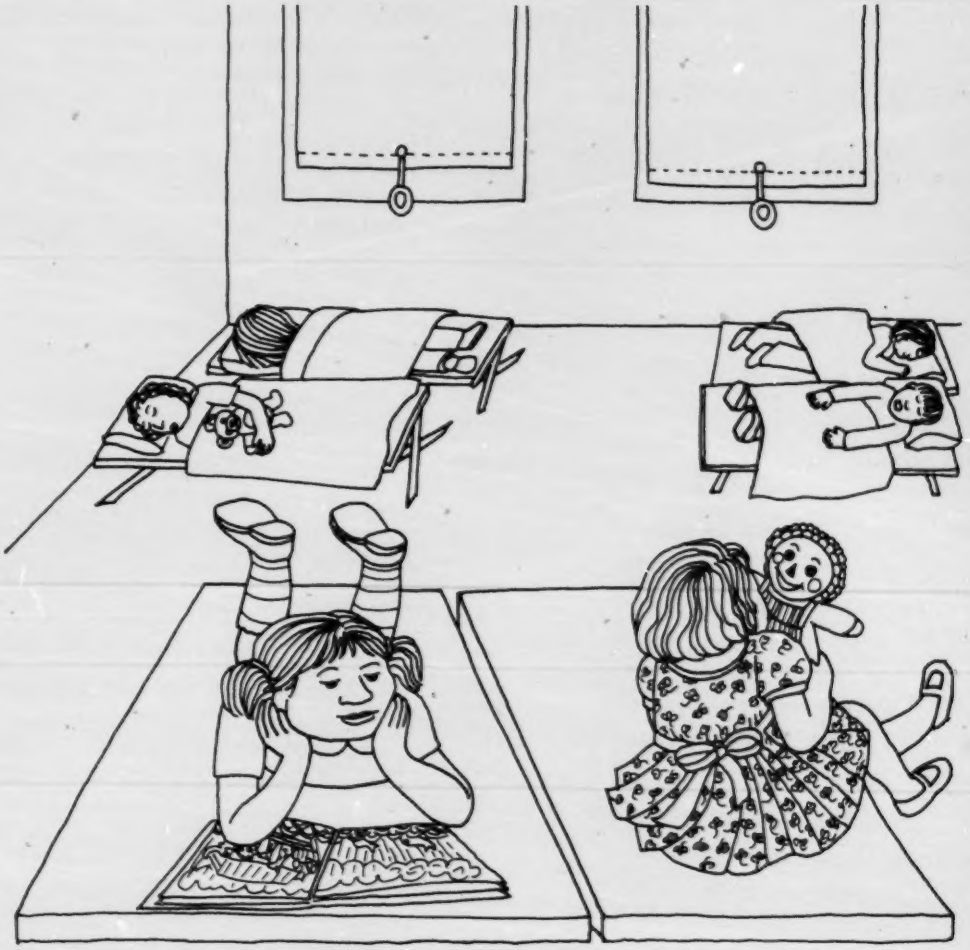
Place the child's rest area near a supervising adult. Try to eliminate distractions. It helps to speak in whispers and to remain seated. A favorite toy or book may reassure the child that the program will resume after the rest. If the activity proves too difficult initially, reduce the child's participation time. Increase it gradually as the child's trust increases.

Modifications for a Withdrawn Child

Rest time is often a withdrawn child's favorite activity: it is quiet and non-interactional (solitary). The biggest problem may be that the child is unwilling to *end* rest and enter new activity. Try waking the child before the other children. Get him or her started in a less passive, but still non-interactional activity (folding blankets, going to the bathroom, looking at a picture book). As the child becomes more comfortable, the rest of the day should seem more attractive to him or her. At this point these transitional activities will be less necessary.

Modifications for a Psychotic Child

It is very difficult for a psychotic child to rest quietly in a group. The great changes in setting and level of activity are extremely confusing. If the rest period is generally silent, with some sleeping or deep relaxing, it may be best to remove the child to another section. If a bit of noise and movement won't disturb the others, the child should be allowed to remain with an adult and engage in a quiet activity (singing softly, cuddling a favorite toy).



If a bit of noise and movement won't disturb the others, allow some children to engage in quiet activities.

Trips and Other Special Events

Trips and other special events increase children's general knowledge and give children practice with:

- **social skills (sharing and cooperating)**
- **speech and language skills (following directions, listening, speaking)**
- **coping with a highly stimulating activity.**

Preparation

Visit the site of a trip or special event in advance to anticipate problems that might arise. Carefully plan transportation so that there is as little waiting time as possible. Know beforehand how you will keep the group together and how you will handle illness or misbehavior. Be prepared to cope with highly excitable children. You may need to increase staffing for the event.

Children should be prepared well in advance of any trip or special event. Give them specific details concerning what they will see and do, then check their understanding. For a party, review eating procedure. Special treats like cake and ice cream can make some children more anxious about getting their fair share, and may also be messier than other foods. Finally, plan the schedule to ensure plenty of time for a calm transition.

Conducting the Activity

1. Before leaving on a trip, check to see that each child is appropriately dressed and wearing a name tag.
2. At the site, don't neglect the chance to add to children's general information. Ask children about what they see, and encourage them to ask you questions.
3. Review the trip when you return. Ask the children to describe or draw pictures of what they saw and did.
4. At parties, make sure that the distribution of food is orderly and that everyone gets his or her fair share. Watch the level of excitement and listen for rising noise. The activity should be enjoyable, but not uncontrolled.

Tips

On trips, work out a system to keep the group together. Some teachers have a single rope that each child holds on to. Others use a buddy system.

Be sure that your timetable is not too tight. Allow plenty of extra time.

Birthday parties for individual children may be a strain for both the birthday child and the other children. It is probably a better idea to hold monthly parties for groups of children.

Modifications for an Aggressive Child

The aggressive child's greatest problem here is his or her anxiety in loosely structured settings. Without walls and comfortable routine, the child may act wildly. This problem can be prevented by providing visible structure for the child. Keep him or her close and maintain verbal contact. After some success, you can increase the distance slightly, while closely watching for signs of fear and uneasiness.

Modifications for a Hyperactive Child

An adult should keep a hyperactive child close and verbally engaged. Closeness assures that the child will not lose the group or run into the street. Verbal contact helps to hold down the level of agitation and confusion. During parties, the child may need frequent reminders to slow down.

Modifications for an Anxious Child

To get an idea of how frightening trips are for an anxious child, start off with short trips — a walk to the corner or around the block. An adult should stay close to the child during initial trips. Try to give the child some sense of control. Don't force him or her to go. It is better to deal with a reluctant child in the preschool than with a panicky child on the street.

Modifications for a Withdrawn Child

Do not force a withdrawn child to go on trips if he or she is obviously unwilling or if you (and the parents) feel the timing is inappropriate. Let the child remain behind with a trusted adult with whom the child seems to feel comfortable. If a field trip seems appropriate, keep a constant check on the child; he or she may dally along the way or wander away.

Modifications for a Psychotic Child

If a field trip seems appropriate for a psychotic child, include him or her but provide for *close* supervision. Some psychotic children are overwhelmed by the rapid transitions of field trips, and really are unable to cope with the experience. If this is the case, leave the child behind with an adult who you feel can handle the child.

You can use the buddy system to help a field trip go smoothly.

Chapter 7:

Other Sources of Help

There are other sources of help you can draw on to assist you with children who are emotionally disturbed.

7

126 *In addition to the specialists in your program, community, or region, there are other sources of help you can draw on to assist you with children who are emotionally disturbed. Around the country are a number of associations concerned with helping those who are emotionally disturbed. They can send you helpful information about emotional disturbance and about how you can work with disturbed children in the classroom. There are also many good books and articles that you may find useful. These are listed in the bibliography at the end of this chapter.*

Professional and Parent Associations, and Other Organizations

For each association given in this section, we have listed their national addresses, whether they have local branches, what they do, and how they can help you.

American Academy of Child Psychiatry

This is a professional society of physicians who are in training or who are graduates of child psychiatry residency. The primary goal of this organization is to stimulate and advance medical contributions to the knowledge and treatment of psychiatric problems. In addition to providing consultation services to institutions, this organization has established programs that include: research, training, community child psychiatry, and psychiatric facilities for children. The organization publishes a journal, newsletters, and monographs focusing on the needs and status of children with psychiatric problems. For more information write to:

American Academy of Child Psychiatry
1800 R Street, N.W., Suite 904
Washington, D.C. 20009

American Association of Psychiatric Services for Children

The purposes of this organization are to provide psychiatric services for children and related services for the community at large, and to promote a coordinated effort of psychiatrists, psychologists, and psychiatric social workers in serving the needs of children. This organization has branch offices in many communities and publishes a newsletter. For more information write to:

American Association of Psychiatric Services for Children
1701 18th Street, N. W.
Washington, D.C. 20009

American Association of University Affiliated Programs

This organization is most interested in providing diagnostic services to individuals with developmental disabilities (which include emotional disturbance) and in providing training for people who work with handicapped persons. University Affiliated Facilities provide services in areas such as early childhood and special education, pediatrics, child development, child psychology, social work, child neurology, speech pathology, physical and occupational therapy, nutrition, and nursing. Nearly 50 UAFs have been established throughout the country. The association has an official working relationship with Head Start. By writing to the address below you can find out if there is a program near you that can provide diagnostic treatment, training, and consultation services. For more information write to:

American Association of University Affiliated Programs
2033 M Street, Suite 406
Washington, D. C. 20036

American Psychological Association/ Division of Child and Youth Services

This is a new division of the APA that draws on many disciplines other than psychology to study, develop, and foster appropriate services and service structures for children and youth. It is concerned with the prevention and treatment of emotional disturbance and emphasizes the necessity of high-quality services for mainstream children and youth. The Division can serve as a source of information. Write to:

Director, Division of Child
and Youth Services
c/o American Psychological Association
1200 17th Street, N.W.
Washington, D.C. 20005

Closer Look

Funded through the Bureau of Education for the Handicapped, U.S. Office of Education, this special project attempts to provide bridges between parents and services for handicapped children, and to help parents become advocates for comprehensive services for their own handicapped child as well as for others. Closer Look publishes a newsletter about handicaps and new programs, as well as information of special interest to parents. The staff will also respond to questions that you may have. The newsletters and information are free. By writing to them you can be added to their mailing list. This organization has regional branches. For more information write to:

Closer Look
Box 1492
Washington, D. C. 20013

128 **Council for Exceptional Children: Division for Children with Behavioral Disorders**

This division is concerned with teaching children with behavioral disorders, with training the teachers of these children to be more effective, with promoting research and development into more innovative and responsible education for exceptional children, and with supporting legislation for services to these children. CEC and this division publish low-cost informational materials of interest to parents and professionals. CEC has local chapters. For more information, write to:

Council for Exceptional Children
Division for Children with Behavioral Disorders
1920 Association Drive
Reston, Virginia 22091

Council for Exceptional Children Information Center

This information center provides abstracts of current research and bibliographies of information currently available in publications and nonprint media. It also provides annotated listings of agencies that serve exceptional children and their families. Contact:

Council for Exceptional Children
Information Center
1920 Association Drive
Reston, Virginia 22091

Instructional Materials Centers

These centers have media and materials suitable for use with emotionally disturbed children. Often the director or staff of the center can demonstrate materials, suggest especially good materials, and consult with you about your needs.

To find out about a center, contact the Resource Access Project in your region, directors of special education in your state department of education, or colleges' and universities' special education departments.

Mental Health Association, National Headquarters

The Mental Health Association is a private organization with 1,000 local affiliate chapters whose aims are to improve attitudes toward mental illness and the mentally ill, to improve services for the mentally ill, to work for the prevention of mental illness, and to promote mental health.

The Mental Health Association sponsors broad programs of research, social action, education, and service. Special program emphasis is placed on improved care and treatment for mental hospital patients; aftercare and rehabilitation; community mental health services; and treatment, education, and special services for mentally ill children.

A catalog of publications is available upon request. For more information write to:

Mental Health Association, National Headquarters
1800 North Kent Street
Arlington, Virginia 22209

National Association of School Psychologists

The purposes of this organization are to serve the mental health and educational interests of all children and youth, to advance the standards of school psychology, and to enhance the effective practice of school psychology. The Association publishes newsletters and research reports, and maintains an archives of professional material. NASP provides consultation to Head Start and other preschool programs through its local chapters. For more information, write to:

National Association of School Psychologists
1140 Connecticut Avenue, N.W., Suite 401
Washington, D.C. 20036

National Center for Law and the Handicapped, Inc.

This organization was established to ensure equal protection under the law for handicapped people. It participates in selected court cases by consulting with the lawyers of handicapped people whose rights may have been violated. Sometimes NCLH provides a lawyer for a handicapped person. The staff can answer questions and provide information about legal issues affecting disturbed children. For more information write to:

National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana 46617

National Easter Seal Society for Crippled Children and Adults 129

The Society is a major provider of rehabilitation services to disabled persons of all ages with orthopedic, neurological, or neuromuscular disabilities; sensory, communication, and learning disorders; or psychological and social dysfunction. Others served are parents and families of disabled persons and lay and professional persons seeking information.

The Society conducts programs of evaluation, treatment, education, vocational training, and advocacy. Support services such as equipment loan and transportation are also provided. Nearly 2,000 programs and facilities are organized on a state and/or local basis. The Chicago headquarters serves as a national spokesman about the Society, as an advocate of the disabled, and in support and leadership of the programs of its affiliate Societies. As an advocate, response is given to requests for information, and testimony is prepared on issues vital to the disabled.

The National Society building in Chicago houses a library collection of books, periodicals, and pamphlets on rehabilitation. The Society's Information Center produces and/or disseminates several publications, including a professional journal entitled **Rehabilitation Literature**. A publications catalog is available. For more information write:

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

130 **National Society for Autistic Children**

Comprised of teachers, parents, and other professionals concerned with severe disorders of communication and behavior in children, the purposes of this organization are to provide information to the public about the symptoms and problems of the autistic child, to promote better understanding of autism, and to aid physicians in making earlier and more accurate diagnoses of autism.

This organization maintains a National Information and Referral Service, supports the Institute of Child Behavior Research, and maintains a 1,300-volume library of information on autism, emotional disturbance, and behavior modification. Its publications include the **National Directory of Services and Programs for Autistic Children** and a newsletter.

The organization has local chapters. For more information write:

National Society for Autistic Children
621 Central Avenue
Albany, New York 12206

Resource Access Projects

Resource Access Projects (RAPs) are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start program needs in the area of services to handicapped children. While the RAPs will assist local grantees in determining and meeting their needs in the area of handicapped services, the cost of any required training or technical assistance must be borne by the grantee and/or the resource provider.

RAPs have been established to identify all possible sources of training and technical assistance, and to enlist their support in helping Head Start find and serve handicapped children. Examples of resources include public health departments, community mental health centers, speech and hearing clinics, developmental disabilities councils, universities and colleges, professional associations, and private providers of training, technical assistance, materials, and equipment.

The addresses for the RAPs in all regions of the country, and the states served, are as follows.

DHEW Region	States Served	Resource Access Project (RAP)
1	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
2	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Sq. Village, Apt. 1M New York, New York 10012
3	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Mineral Street Annex Keyser, West Virginia 26726
4	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Merritt Mill Road Chapel Hill, North Carolina 27514
	Kentucky Tennessee Alabama	The Urban Observatory 1101 17th Avenue, South Nashville, Tennessee 37212
5	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool 403 East Healey Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project 412 East Slifer Street P. O. Box 564 Portage, Wisconsin 53901

DHEW Region	States Served	Resource Access Project (RAP)
6	Texas Louisiana Oklahoma Arkansas New Mexico	Contract not awarded at time of printing.
7	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit 39th & Rainbow Boulevard Kansas City, Kansas 66103
8	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Hampden East I-Room 215 8000 East Girard Avenue Denver, Colorado 80231
9	California Arizona Hawaii Nevada Pacific Trust Territories	Los Angeles Unified School District Special Education Division 450 North Grand Avenue Los Angeles, California 90012
10	Washington Oregon Idaho	University of Washington Model Preschool Center for Handicapped Children Experimental Education Unit WJ-10 Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children and Adults 726 E. Street Anchorage, Alaska 99501

Bibliography

Many books have been published on children with emotional disturbance. It is not possible to list all of them here, but the ones mentioned are some of those that are especially good for understanding what emotional disturbance is and for helping you work with disturbed children in your classroom. Several books that can be especially useful to parents are also described.

Books About Emotional Disturbance and Its Treatment

Greenfield, Josh. **A Child Called Noah.** New York: Holt, Rinehart and Winston, 1970.

A novelist/playwright describes family experiences with his autistic son. The narrative takes the form of journal entries recounting the parents' struggles to understand what was wrong, and their search across the country for help.

Hamblin, Robert; Buckholdt, David; et al. **The Humanization Processes: A Social Behavioral Analysis of Children's Problems.** New York: Wiley-Interscience, 1971.

A major recent work on how to use behavior modification to manage acting-out aggressive children and autistic children. The approach is humane. The reading is not easy.

Kessler, Jane. **Psychopathology of Childhood.** Englewood Cliffs, N.J.: Prentice-Hall, 1966.

This is a major and classic text for those who want a more comprehensive coverage of the causes and treatment of all types of emotional disorders in children.

Klein, Stanley. **Psychological Testing of Children — A Consumers Guide.** Available from: The Exceptional Parent Bookstore, Room 708, Statler Office Building, Boston, Mass. 02116.

This book describes and assesses the various tests commonly used with children of all ages, focusing on intelligence and achievement tests. This guide offers information about the appropriateness of tests for use with handicapped and other children (such as those from minority and low-income backgrounds).

Kozloff, Martin. **Reaching the Autistic Child: A Parent Training Program.** Champaign, Ill.: Research Press, 1973.

The author describes ways of training parents to use behavior modification to help their own autistic children at home, under professional supervision. Included are four detailed case histories of parents and their autistic children.

134 Lasher, Miriam G., and Braun, Samuel J. **Are You Ready to Mainstream: Helping Preschoolers with Learning and Behavior Problems.** Columbus, Ohio: Charles E. Merrill Publishing Co., 1978.

This book describes practical ways to apply child development principles in working with special needs children in classroom and home settings. The text emphasizes the teacher's role in a comprehensive approach to working with a child.

Lewis, Richard; Strauss, Alfred; and Lehtinen, Laura. **The Other Child** 2nd ed. New York: Grune and Stratton, 1960.

A handbook for parents on the characteristics of brain-injured children, and on management techniques that have been found useful in working with these children.

MacCracken, Mary. **A Circle of Children.** New York: New American Library, 1973.

The author, a gifted volunteer-turned-teacher, describes her beginning experiences in teaching seriously disturbed children in a special school.

MacCracken, Mary. **Lovey: A Very Special Child.** New York: J.B. Lippincott Co., 1976.

Further experiences recounted by the author on helping to bring out one severely withdrawn little girl.

Park, Clara Clairborne. **The Siege: The First Eight Years of an Autistic Child.** Boston: Little, Brown and Co., 1967.

A mother's account of her family's struggle to raise and get help for their severely autistic/learning disabled daughter. Several chapters describe in detail the mother's work with her daughter.

Ross, Dorothea, M., and Ross, Sheila A. **Hyperactivity.** New York: John Wiley & Sons, 1976.

This book makes a substantial contribution to the literature on hyperactivity, and is heavily referenced. It thoroughly reviews current theories as to the cause of the disturbance, and methods of treating it. The book includes a 44-page reference list.

Shaw, Charles R. **When Your Child Needs Help.** New York: William Morrow & Co., 1972.

This book is written for parents who know that they have an emotionally disturbed child or who suspect that they may have one. There are chapters on each of the major categories of emotional disturbance and a section on how to get appropriate help.

Stewart, Mark A., and Olds, Sally Wendkos. **Raising a Hyperactive Child.** New York: Harper & Row, 1973.

A very readable guidebook for parents and teachers on the problem of hyperactivity and home management. The explanations are simple and the suggestions are practical.

Guides to Teaching and Classroom Activities

Anderson, Zola. Getting a Head Start on Social and Emotional Growth (1976). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebr. 68105.

This is a practical and easy-to-read guide for preschool teachers on developing the social skills and emotional growth of young children. Chapter 11 describes emotional problems and suggests methods for teachers in dealing with them.

D'Audney, Weslee, and Dollis, Dorothy. Calendar of Developmental Activities for Preschoolers (1975). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebr. 68105.

This is a resource book on preschool activities arranged in calendar format. The simpler activities are presented in the fall months and the more complex ones are presented in the spring months, allowing you to choose activities appropriate to the child's developmental level. Also given are the skill areas involved in each activity.

D'Audney, Weslee, ed. Giving a Head Start to Parents of the Handicapped (1976). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebr. 68105.

This manual is designed primarily to help Head Start teachers provide support and encouragement to parents of children with handicaps. It discusses subjects such as the value of mainstreaming, legal rights of the handicapped and their families, and the dangers of labeling. It also provides specific suggestions for working with parents of special needs children, including those with emotional disturbance.

The Exceptional Parent Magazine. Psy-Ed. Corporation, 20 Providence Street, Room 708, Statler Office Building, Boston, Mass. 02116.

Addressed to the parents and teachers of handicapped youngsters and adults, this magazine has many articles of interest, including "what to do," "how to do it," and "where to get help." For a subscription, write to: **The Exceptional Parent**, P.O. Box 4944, Manchester, N.H. 03108.

136 Findlay, Jane, et al. **A Planning Guide: The Preschool Curriculum — The Child, The Process, The Day.** Chapel Hill, N.C.: Chapel Hill Training Outreach Project, n.d.

This book elaborates on curriculum information found in the **Learning Accomplishment Profile** developed by Anne Sanford, and presents 44 preschool curriculum units intended for developmentally delayed or impaired children. It has a section on curriculum (who determines it, what it is, and what goes into it), a section on methods and principles (preparing instructional objectives, task analysis, error-free learning, and positive reinforcement), the 44 curriculum units, with objectives and skill sequences, and bibliographies. It is helpful, although not necessary, to use the Planning Guide together with the **LAP.**

Hansen, S. **Getting a Head Start on Speech and Language Problems** (1974). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebr. 68105.

This good, simple guide to working with preschool children who have speech and language problems gives language milestones, screening procedures, and teaching techniques.

Hogden, Laurel, et al. **School Before Six: A Diagnostic Approach** (1974). Available from: Cemrel, Inc. 3120 59th Street, St. Louis, Mo. 63139.

School Before Six is printed in two volumes. Volume I includes procedures for assessing young children's learning needs and strengths through testing procedures in four developmental areas: large, small, and perceptual motor skills; language; social-emotional skills; and conceptual skills. General teaching strategies and activities are suggested to help children develop in each of these areas. Volume II includes a wealth of activities in areas such as science, art, table games, food preparation, language, social science, and music. Volume I is extensively cross-referenced to Volume II to simplify the selection of appropriate activities for specifically diagnosed situations.

Jordan, June, ed. **Not All Little Wagons Are Red: The Exceptional Child's Early Years** (1973). Available from: Council for Exceptional Children, 1920 Association Drive, Reston, Va. 22091.

This book discusses the importance of beginning early to develop programs for children with handicaps. Attention is given to helping children achieve a positive self-concept, good learning motivation, social skills, emotional stability, and physical well-being. Two sections are particularly helpful: the development of children who need special help, and program models and resource materials. The book includes many fine illustrations, and describes a variety of alternative ways to meet children's needs.

The Portage Guide to Early Education. Rev. ed. Portage, Wis.: Cooperative Educational Service Agency No. 12, 1976.

This guide has three parts: a checklist of skills for determining an individual child's progress, a card file listing activities that can be used to teach these skills, and a manual of directions for conducting the activities. The areas covered in the program are infant stimulation, socialization, language, self-help, cognitive skills, and motor skills.

Reinert, Henry R. **Children in Conflict.** St. Louis: The C.V. Mosby Co., 1976.

A short overview of the field of teaching emotionally disturbed children. It is designed for beginning teachers or college students.

Appendix

Ongoing assessment, balanced against overtesting, can help to provide an accurate picture of a child's developing skills and functioning.

Screening and Diagnosis

This section describes the nature and purpose of screening and diagnosis, and the use of tests in each of these processes. The overall goal of both processes is to evaluate or assess a child's functioning and to identify problem areas, if any exist.

Screening

Screening is a process that identifies children who need specific treatment (for example, eyeglasses or immunization shots) or who need to be referred for a diagnostic evaluation. Screening is therefore an important tool in the early identification of handicapped children.

Screening procedures such as checklists and tests are inexpensive, quick, and easily administered. They give the screener an overview of a child's performance. Teachers, aides, and others need to be trained to use a particular screening procedure correctly. For the screening services that must be provided for every child, see Project Head Start Performance Standards.

Not all children who fail a screening test are found to have a problem when they are given a full diagnostic evaluation. This is because the results of screening tests are not exact, since the tests do not assess in depth a child's functioning in a given area. Also, because screening is done in a limited amount of time, the screener may not realize if a certain child is not performing at his or her best at that particular time. For these reasons, a child who is not handicapped may fail a screening and be referred for further evaluation.

On the other hand, some children who pass a screening test may, in fact, have a problem that wasn't detected in the screening. If you have a child in your class who has passed the standard screening tests and you still feel there may be something wrong, do not hesitate to ask an appropriate professional to look at the child more closely.

Diagnosis

Diagnosis is a process of gathering information from a variety of sources in order to get a comprehensive picture of a child's functioning and to identify problem areas. The diagnostic process assesses both physical and psychological functioning.

A variety of tools should be used in the diagnostic process: interviews (with parents and other adults who know the child well, with the child, with social agency personnel the child has been receiving services from), psychological tests, medical and other reports/tests of physical functioning, and other sources of information about the child. The tests that are used in the diagnostic process take an in-depth look at a child's skills in particular developmental areas. In Project Head Start, diagnosis is to be conducted by an interdisciplinary team of specialists (or a professional who is qualified to diagnose the specific handicap). The diagnostic process should involve:

1. A categorical diagnosis of a child, using Project Head Start diagnostic criteria, to be used solely for reporting purposes.

2. A functional assessment of a child. This functional assessment is a developmental profile that describes what the child can and cannot currently do and that identifies areas requiring special education and related services.

3. An individualized program plan based upon the functional assessment and developed jointly by the diagnostic team, the parents, and the child's teacher.

4. Ongoing assessment of the child's progress by the teacher, the child's parents, and (as needed) the diagnostic team.

The results of the diagnostic process should inform the teacher and parents as to the child's strengths and weaknesses — and hence the child's needs in terms of further learning. The results of the diagnostic process often *do not* tell the teacher or parents what they should do to help the child in the identified problem areas. Diagnosticians themselves, depending on their knowledge of classrooms and of specific teaching techniques, may be able to discuss with the teacher and parents specific ways in which they can help the child in the classroom and at home. Often the teacher or parent needs to take the initiative in order to obtain this kind of information from a diagnostician.

Testing

The selection of appropriate tests, their administration, and their interpretation is often a difficult process, requiring a great deal of expertise. Sometimes the precise test needed has simply not yet been developed, and a diagnostician must use the best of what is available and then interpret the results with great caution. Many factors can lead to inappropriate testing or inaccurate test results:

- **mistaking one handicap for another**
- **mistaking cultural differences for handicaps**
- **mistaking normal physical or mental immaturity for handicaps**
- **testing a child who is not used to test-like situations**
- **testing a child when he or she is not feeling well**
- **testing a child in a language that is not his or her home language**
- **testing a particular developmental area in a child by requiring a response that involves behaviors in which the child has special needs (for example, testing cognitive functioning by requiring a verbal response from a withdrawn, nonverbal child, or peer interaction or reality testing from a severely handicapped psychotic or autistic child).**

Even if children are given tests that are appropriate to their age, cultural background, and suspected handicaps — and that are methodologically valid and reliable — test results can be inaccurately interpreted.

To ensure that tests are appropriate to a specific purpose, and that they are administered and interpreted correctly, any screening test that a teacher wants to use should be discussed ahead of time with a trained professional who is knowledgeable about the test. Tests used for diagnostic purposes should be administered and interpreted by specialists trained in the use of the test.

In addition to interviews and histories, your own continuing observation of a child in a variety of situations in your preschool program is an invaluable tool in understanding and helping a child learn. During the preschool years, children experience a great amount of development and change in all areas. This means that ongoing assessment, balanced against overtesting, is needed to provide a more accurate picture of a child's developing skills and functioning. Ongoing assessment can help prevent mislabeling of children.

For additional information on the diagnostic process — including procedures and persons — contact the Resource Access Project in your area.

For additional information on tests, write to:

Head Start Test Collection
Educational Testing Service
Princeton, New Jersey 08540

Chart of Normal Development: Infancy to Six Years of Age

The chart of normal development on the next few pages presents children's achievements from infancy to six years of age in five areas:

- **motor skills (gross and fine motor)**
- **cognitive skills**
- **self-help skills**
- **social skills**
- **communication skills (understanding language and speaking).**

In each skill area, the age at which each milestone is reached *on the average* is also presented. This information is useful if you have a child in your class who you suspect is seriously delayed in one or more skill areas.

However, it is important to remember that these milestones are only average. From the moment of birth, each child is a distinct individual, and develops in his or her unique manner. No two children have ever reached all the same developmental milestones at the exact same ages. The examples that follow show what we mean.

By nine months of age, Gi Lin had spent much of her time scooting around on her hands and tummy, making no effort to crawl. After about a week of pulling herself up on chairs and table legs, she let go and started to walk on her own. Gi Lin skipped the crawling stage entirely and scarcely said more than a few sounds until she was 15 months old. But she walked with ease and skill by 9½ months.

Marcus learned to crawl on all fours very early, and continued crawling until he was nearly 18 months old, when he started to walk. However, he said single words and used two-word phrases meaningfully before his first birthday. A talking, crawling baby is quite a sight!

Molly worried her parents by saying scarcely a word, although she managed to make her needs known with sounds and gestures. Shortly after her second birthday, Molly suddenly began talking in two- to four-word phrases and sentences. She was never again a quiet child.

All three children were healthy and normal. By the time they were three years old, there were no major differences among them in walking or talking. They had simply developed in their own ways and at their own rates. Some children seem to concentrate on one thing at a time — learning to crawl, to walk, or to talk. Other children develop across areas at a more even rate.

As you read the chart of normal development, remember that children don't read baby books. They don't know they're supposed to be able to point out Daddy when they are a year old, or copy a circle in their third year. And even if they could read the baby books, they probably wouldn't follow them! Age-related development milestones are obtained by averaging out what many children do at various ages. No child is "average" in all areas. Each child is a unique person.

One final word of caution. As children grow, their abilities are shaped by the opportunities they have for learning. For example, although many five-year-olds can repeat songs and rhymes, the child who has not heard songs and rhymes many times cannot be expected to repeat them. All areas of development and learning are influenced by the child's experiences as well as by the abilities they are born with.

Chart of Normal Development

	Motor Skills Gross Motor Skills	Fine Motor Skills	Communication Skills Understanding Language	Spoken Language
0-12 Months	Sits without support. Crawls. Pulls self to standing and stands unaided. Walks with aid. Rolls a ball in imitation of adult.	Reaches, grasps, puts object in mouth. Picks things up with thumb and one finger (pincer grasp). Transfers object from one hand to other hand. Drops and picks up toy.	Responds to speech by looking at speaker. Responds differently to aspects of speaker's voice (for example, friendly or unfriendly, male or female). Turns to source of sound. Responds with gesture to **hi, bye-bye,** and **up,** when these words are accompanied by appropriate gesture. Stops ongoing action when told **no** (when negative is accompanied by appropriate gesture and tone).	Makes crying and non-crying sounds. Repeats some vowel and consonant sounds (babbles) when alone or when spoken to. Interacts with others by vocalizing after adult. Communicates meaning through intonation. Attempts to imitate sounds.
12-24 Months	Walks alone. Walks backward. Picks up toys from floor without falling. Pulls toy, pushes toy. Seats self in child's chair. Walks up and down stairs (hand-held). Moves to music.	Builds tower of 3 small blocks. Puts 4 rings on stick. Places 5 pegs in pegboard. Turns pages 2 or 3 at a time. Scribbles. Turns knobs. Throws small ball. Paints with whole arm movement, shifts hands, makes strokes.	Responds correctly when asked **where** (when question is accompanied by gesture). Understands prepositions **on, in,** and **under.** Follows request to bring familiar object from another room. Understands simple phrases with key words (for example, **Open the door,** or **Get the ball**). Follows a series of 2 simple but related directions.	Says first meaningful word. Uses single word plus a gesture to ask for objects. Says successive single words to describe an event. Refers to self by name. Uses **my** or **mine** to indicate possession. Has vocabulary of about 50 words for important people, common objects, and the existence, nonexistence, and recurrence of objects and events (for example, **more** and **all gone**).

Cognitive Skills		Self-Help Skills	Social Skills
Follows moving object with eyes. Recognizes differences among people. Responds to strangers by crying or staring. Responds to and imitates facial expressions of others. Responds to very simple directions (for example, raises arms when someone says, Come, and turns head when asked, Where is Daddy?).	Imitates gestures and actions (for example, shakes head no, plays peek-a-boo, waves bye-bye). Puts small objects in and out of container with intention.	Feeds self cracker. Holds cup with two hands. Drinks with assistance. Holds out arms and legs while being dressed.	Smiles spontaneously. Responds differently to strangers than to familiar people. Pays attention to own name. Responds to no. Copies simple actions of others.
Imitates actions and words of adults. Responds to words or commands with appropriate action (for example: Stop that. Get down). Is able to match two similar objects. Looks at storybook pictures with an adult, naming or pointing to familiar objects on request (for example: What is that? Point to the baby).	Recognizes difference between you and me. Has very limited attention span. Accomplishes primary learning through own exploration.	Uses spoon, spilling little. Drinks from cup, one hand, unassisted. Chews food. Removes shoes, socks, pants, sweater. Unzips large zipper. Indicates toilet needs.	Recognizes self in mirror or picture. Refers to self by name. Plays by self, initiates own play. Imitates adult behaviors in play. Helps put things away.

Chart of Normal Development

	Motor Skills: Gross Motor Skills	Fine Motor Skills	Communication Skills: Understanding Language	Spoken Language
24-36 Months	Runs forward well. Jumps in place, two feet together. Stands on one foot, with aid. Walks on tiptoe. Kicks ball forward.	Strings 4 large beads. Turns pages singly. Snips with scissors. Holds crayon with thumb and fingers, not fist. Uses one hand consistently in most activities. Imitates circular, vertical, horizontal strokes. Paints with some wrist action. Makes dots, lines, circular strokes. Rolls, pounds, squeezes, and pulls clay.	Points to pictures of common objects when they are named. Can identify objects when told their use. Understands question forms **what** and **where**. Understands negatives **no, not, can't,** and **don't**. Enjoys listening to simple storybooks and requests them again.	Joins vocabulary words together in two-word phrases. Gives first and last name. Asks **what** and **where** questions. Makes negative statements (for example, **Can't open it**). Shows frustration at not being understood.
36-48 Months	Runs around obstacles. Walks on a line. Balances on one foot for 5 to 10 seconds. Hops on one foot. Pushes, pulls, steers wheeled toys. Rides (that is, steers and pedals) tricycle. Uses slide without assistance. Jumps over 15 cm. (6") high object, landing on both feet together. Throws ball overhead. Catches ball bounced to him or her.	Builds tower of 9 small blocks. Drives nails and pegs. Copies circle. Imitates cross. Manipulates clay materials (for example, rolls balls, snakes, cookies).	Begins to understand sentences involving time concepts (for example, **We are going to the zoo tomorrow**). Understands size comparatives such as **big** and **bigger**. Understands relationships expressed by **if . . . then** or **because** sentences. Carries out a series of 2 to 4 related directions. Understands when told, **Let's pretend**.	Talks in sentences of 3 or more words, which take the form agent-action-object (**I see the ball**) or agent-action-location (**Daddy sit on chair**). Tells about past experiences. Uses "s" on nouns to indicate plurals. Uses "ed" on verbs to indicate past tense. Refers to self using pronouns **I** or **me**. Repeats at least one nursery rhyme and can sing a song. Speech is understandable to strangers, but there are still some sound errors.

Cognitive Skills		Self-Help Skills	Social Skills
Responds to simple directions (for example: Give me the ball and the block. Get your shoes and socks).	Can talk briefly about what he or she is doing.	Uses spoon, spilling little.	Plays near other children.
Selects and looks at picture books, names pictured objects, and identifies several objects within one picture.	Imitates adult actions (for example, housekeeping play).	Gets drink from fountain or faucet unassisted.	Watches other children, joins briefly in their play.
Matches and uses associated objects meaningfully (for example, given cup, saucer, and bead, puts cup and saucer together).	Has limited attention span. Learning is through exploration and adult direction (as in reading of picture stories).	Opens door by turning handle.	Defends own possessions.
Stacks rings on peg in order of size.	Is beginning to understand functional concepts of familiar objects (for example, that a spoon is used for eating) and part/whole concepts (for example, parts of the body).	Takes off coat.	Begins to play house.
Recognizes self in mirror, saying, baby, or own name.		Puts on coat with assistance.	Symbolically uses objects, self in play.
		Washes and dries hands with assistance.	Participates in simple group activity (for example, sings, claps, dances).
			Knows gender identity.

Recognizes and matches 6 colors.	Has short attention span.	Pours well from small pitcher.	Joins in play with other children. Begins to interact.
Intentionally stacks blocks or rings in order of size.	Learns through observing and imitating adults, and by adult instruction and explanation. Is very easily distracted.	Spreads soft butter with knife.	Shares toys. Takes turns with assistance.
Draws somewhat recognizable picture that is meaningful to child, if not to adult. Names and briefly explains picture.	Has increased understanding of concepts of the functions and groupings of objects (for example, can put doll house furniture in correct rooms), and part/whole (for example, can identify pictures of hand and foot as parts of body).	Buttons and unbuttons large buttons.	Begins dramatic play, acting out whole scenes (for example, traveling, playing house, pretending to be animals).
Asks questions for information (why and how questions requiring simple answers).		Washes hands unassisted.	
Knows own age.		Blows nose when reminded.	
Knows own last name.		Uses toilet independently.	
	Begins to be aware of past and present (for example: Yesterday we went to the park. Today we go to the library).		

	Motor Skills: Gross Motor Skills	Fine Motor Skills	Communication Skills: Understanding Language	Spoken Language
48-60 Months	Walks backward toe-heel. Jumps forward 10 times, without falling. Walks up and down stairs alone, alternating feet. Turns somersault.	Cuts on line continuously. Copies cross. Copies square. Prints a few capital letters.	Follows 3 unrelated commands in proper order. Understands comparatives like **pretty, prettier,** and **prettiest.** Listens to long stories but often misinterprets the facts. Incorporates verbal directions into play activities. Understands sequencing of events when told them (for example, **First we have to go to the store, then we can make the cake, and tomorrow we will eat it**).	Asks **when, how,** and **why** questions. Uses modals like **can, will, shall, should,** and **might.** Joins sentences together (for example, **I like chocolate chip cookies and milk**). Talks about causality by using **because** and **so.** Tells the content of a story but may confuse facts.
60-72 Months	Runs lightly on toes. Walks on balance beam. Can cover 2 meters (6'6") hopping. Skips on alternate feet. Jumps rope. Skates.	Cuts out simple shapes. Copies triangle. Traces diamond. Copies first name. Prints numerals 1 to 5. Colors within lines. Has adult grasp of pencil. Has handedness well established (that is, child is left- or right-handed). Pastes and glues appropriately.	Demonstrates pre-academic skills.	There are few obvious differences between child's grammar and adult's grammar. Still needs to learn such things as subject-verb agreement, and some irregular past tense verbs. Can take appropriate turns in a conversation. Gives and receives information. Communicates well with family, friends, or strangers.

Cognitive Skills		Self-Help Skills	Social Skills
Plays with words (creates own rhyming words; says or makes up words having similar sounds). Points to and names 4 to 6 colors. Matches pictures of familiar objects (for example, shoe, sock, foot; apple, orange, banana). Draws a person with 2 to 6 recognizable parts, such as head, arms, legs. Can name and match drawn parts to own body. Draws, names, and describes recognizable picture. Rote counts to 5, imitating adults.	Knows own street and town. Has more extended attention span. Learns through observing and listening to adults as well as through exploration. Is easily distracted. Has increased understanding of concepts of function, time, part/whole relationships. Function or use of objects may be stated in addition to names of objects. Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.	Cuts easy foods with a knife (for example, hamburger patty, tomato slice). Laces shoes.	Plays and interacts with other children. Dramatic play is closer to reality, with attention paid to detail, time, and space. Plays dress-up. Shows interest in exploring sex differences.
Retells story from picture book with reasonable accuracy. Names some letters and numerals. Rote counts to 10. Sorts objects by single characteristics (for example, by color, shape, or size if the difference is obvious). Is beginning to use accurately time concepts of tomorrow and yesterday. Uses classroom tools (such as scissors and paints) meaningfully and purposefully.	Begins to relate clock time to daily schedule. Attention span increases noticeably. Learns through adult instruction. When interested, can ignore distractions. Concepts of function increase as well as understanding of why things happen. Time concepts are expanding into an understanding of the future in terms of major events (for example, Christmas will come after two weekends).	Dresses self completely. Ties bow. Brushes teeth unassisted. Crosses street safely.	Chooses own friend(s). Plays simple table games. Plays competitive games. Engages with other children in cooperative play involving group decisions, role assignments, fair play.

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